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# Significant and Impactful Experiences in Clinical Supervision: Relational Connection and Disconnection in the Current Cultural Clearing

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SIGNIFICANT AND IMPACTFUL EXPERIENCES IN CLINICAL SUPERVISION:  
RELATIONAL CONNECTION AND DISCONNECTION IN THE CURRENT CULTURAL  
CLEARING

A Dissertation

Presented to the Faculty of

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In Partial Fulfillment

of the Requirements of the Degree

Doctor of Psychology

By

Cailin Qualliotine

September 2017

SIGNIFICANT AND IMPACTFUL EXPERIENCES IN CLINICAL SUPERVISION:  
RELATIONAL CONNECTION AND DISCONNECTION IN THE CURRENT CULTURAL  
CLEARING

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DOCTOR OF PSYCHOLOGY

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## ABSTRACT

### Significant and Impactful Experiences in Clinical Supervision: Relational Connection and Disconnection in the Current Cultural Clearing

Cailin Qualliotine

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There is little consensus within research and literature on how best to approach the supervisory relationship and experience. This lack of consensus is concerning due to the central role that supervision has in shaping each generation of clinicians and psychotherapists. Relational theory offers a philosophical grounding for inquiring as to what individuals find most significant in their experiences of supervisory relationships. In order to emphasize mutuality within a clearly asymmetrical arrangement, both supervisors and supervisees were interviewed in a qualitative study. Twenty individuals; 10 supervisors and 10 supervisees participated. The study was designed to shed light on significant and impactful experiences from each stakeholder's position to help identify cultural artifacts that are embodied and transmitted in supervision. Three primary themes arose from the data: Emotional Experiences, Growth and Learning Processes, and Self and Others. The findings supported relational approaches to supervision, which were effective in supporting supervisees and fostering mutuality and connection in participants' supervisory experiences. This research study highlighted artifacts within the field of psychology such as supervisory evaluation, presence, and dynamics of oppression, and liberation.

This dissertation is available in open access at AURA <http://aura.antioch.edu/> and Ohio Link ETD Center <https://etd.ohiolink.edu/etd>.

*Keywords:* Clinical Supervision, Culture, Hermeneutics, Interpretative  
Phenomenological Analysis

## Dedication

This work is dedicated to my husband, Peter Qualliotine with deep love, happiness and joy for his accompaniment through this and all things. Peter, I am truly honored by your presence, your love, your belief in me, and all that I dare to create.

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## Introduction

Significant and impactful experiences within clinical supervision have the potential to shape both the clinician and the field of psychology at large, as clinicians are the primary arbiters of the discipline. As psychotherapy is one of the major healing technologies in our current cultural context, it is critical that we continue to examine the ways in which psychotherapy is constructed and disseminated. The training experience of clinical supervision both informs and amplifies practices of psychotherapy, and serves to shape the social milieu in which it is situated. Therefore, careful attention should be paid to this cultural practice of supervision, as it serves to inform the identity of the therapist, the experience of the client, and the larger social understanding of psychological theory and practice.

Clinical supervision is a practice that emerged from the nascent days of psychoanalytic theoretical development. Values related to authority, hierarchy, dominance, and submission informed early didactic practices. While many training institutions ultimately came to eschew Freudian and classical psychodynamic frameworks for therapy and supervision, remnants of the old models have maintained a place of privilege in the values expressed in supervision (Frawley-O'Dea & Sarnat, 2001). As cultural horizons have shifted and greater awareness of dynamics of power and marginalization have emerged, many clinicians and scholars have sought to address and remedy inequities and oppressive practices within clinical supervision. Some of the major reforms have been generated within post-modern and relational academic circles. While great progress has been made, there remains a distinct lack of consensus in the field regarding best practices in clinical supervision and, as a result, the tenor of the training received in graduate programs fluctuates broadly (Falender & Shafranske, 2004).

Awareness of this issue has motivated many to seek reform. Some respond to this issue by creating standardized competency measures, which are didactically focused upon content and aim to impart a more consistent, measurable, and predictable training experience (Falender & Shafranske, 2004). There is an assumption that predictability and measurable competencies will result in a greater level of safety and a higher quality of services for the client and the trainee in this approach. Others suggest looking more deeply at the supervisory dyads themselves, and ask questions regarding the interpersonal relationships therein and the impact they have on clinical practices, overall. Proponents of relational theory tend to align themselves with the latter (Frawley-O'Dea & Sarnat, 2001).

This phenomenological-hermeneutic study will explore significant experiences and enactments within the context of clinical supervision for both supervisees and supervisors. Through examination of participants' emotionally, intellectually, or developmentally significant events within the context of supervision sessions they have experienced, themes will be identified which may point to cultural trends and values that show up in this particular time in our field. Hermeneutic thinkers acknowledge that it is very difficult, if not impossible, to step outside of the influence of current cultural practices in order to fully critique and understand the significance of the experiences they impart (Cushman, 2011; Richardson & Fowers, 2010; Stern, 2003). Sensitizing trainees to intersubjective experiences, both within supervision and within therapy sessions, will better prepare developing clinicians for therapeutic practice. Thus, supervision becomes a mirror where developing clinicians can learn to hold the tension between the content trainees are learning or observing, and the interpersonal relational processes that facilitates healing and integration of practices in therapy. Additionally, offering an opportunity for supervisors to reflect upon and identify significant events and

experiences within their practices of clinical supervision may generate deeper insight into the implicit and explicit values, perspectives and emotional experiences that are embedded within the context of supervisory relationships. This inquiry will be grounded in relational theory and draw upon the Heideggerian hermeneutic conception of the cultural clearing and the Gadamerian conception of the horizon (Cushman, 2011). These frameworks and ideas may serve to clarify the aims in this study. Relational theory provides a case for the primacy of grounding supervision in the supervisory relationship and experiences therein. As culture also provides a critical context and focal point in this analysis it is important to note that the notion of culture is viewed specifically through a hermeneutic lens, which is described through the concepts of the cultural clearing and the horizon. Both concepts offer utility in understanding how the word culture is being utilized in this study.

## **Background**

The study will be grounded in hermeneutic and relational theories. As such, a brief introduction to hermeneutics will follow. This introduction will include descriptions of Heidegger's cultural clearing and the Gadamerian concept of the horizon, as these ideas frame the interplay between culture and significant supervision-related experiences as meaning is made of the data. Principles related to relational theory and relational supervision, are contributive to this process of meaning-making as well and therefore are highlighted in the literature review which follows.

**Hermeneutics.** Hermeneutics is an interpretive process that first emerged out of the 16<sup>th</sup> century. At that time, hermeneutics referred to the practice of divining meaning from ancient and often spiritual texts (Richardson & Fowers, 2010). An important concept developed at that time is that an assumption about any given part, whether it be text, cultural practice, or tradition,

is shaped first by an understanding of the whole. In turn, the understanding of the whole is subject to renewed scrutiny and understanding as our initial understanding of the part is revised by ongoing experiences and encounters. This is referred to as the hermeneutic circle (Richardson & Fowers, 2010; Stern, 2010).

By the 19<sup>th</sup> century, hermeneutics came to be utilized more broadly and was applied as a method to the human sciences. Wilhelm Dilthey utilized the interpretive ideas of the theologian-philosopher Freidrich Schleiermacher, who had applied hermeneutics primarily to texts (van Manen, 2014). The goal for Dilthey was to redress some of the problems he observed that may accompany applying natural science principles to inquiries into subjective experiences such as history or art (Richardson & Fowers, 2010). He called for a method wherein understanding is derived through attention placed upon the “lived experience” of humans, as expressed and objectified through their artifacts (van Manen, 1998). He suggested that all people carry with them artifacts of common social and cultural traditions (Richardson, Fowers, & Guignon, 1999) explaining,

We live in this atmosphere, it surrounds us constantly. We are immersed in it. We are at home everywhere in this historical and understood world; we understand the meaning and significance of it all; we ourselves are woven into the common sphere. (p. 206)

Ultimately, hermeneutics was levied towards a philosophical, ontological enterprise; to make meaning of the human experience. Cushman (2011) observed that philosophical hermeneutics conceptualized the self as “multiple, entangled with the social, and an active interpreter” (p. 23) of the surrounding culture. Richardson and Fowers (2010) also suggested,

Since humans are involved in some sense as active, responsible agents in social and cultural life, it would appear that there is a profound and intimate kind of mutual

influence, or co-constitution, between the forces of history, culture and society, on the one hand and psychological processes on the other. (p. 113)

These ideas of the self as being simultaneously interpreter and interpreted, constructed and constructor, relate to the hermeneutic circle and the process described by hermeneutists. These ideas relate to Martin Heidegger's grasp of hermeneutics as a way to encounter one's own being and Hans Georg Gadamer's additional observation that we are all embedded in a social world and therefore cannot separate ourselves, as we interpret and make meaning of our experiences (van Manen, 1998). Clinical supervision is a practice that is a product of a given culture, time in history, and social, political, and professional realms. As such, the hermeneutic emphasis on these aspects of experience offers a uniquely well-situated framework for making meaning out of this phenomenon.

**The cultural clearing and the horizon.** Heidegger offered the metaphor of a forest to describe the myriad ideas, perceptions, values, and practices that comprise the known world and the position a given community or people carve out within this forest as a clearing (Cushman, 1995). The clearing is defined by the cultural artifacts of language, values, spiritual beliefs, and knowledge that come together as shared understandings within the community. Furthermore, these cultural artifacts are transmitted among members and across generations. Gadamer, as cited by Cushman (2011), provided the image of a horizon to further elucidate this idea. Cushman (1995) observed that,

The horizon determines what there is 'room for' and what is precluded from view. That is, the clearing is both liberating, because it makes room for certain possibilities, and limiting, because it closes off others (...). [Thus] the cultural clearing is constructed by social practices, and therefore the horizons of understanding are somewhat movable [but]

...because horizons are tied to the moral vision, economic structures, and power relations of the society, certain individuals and groups will forcefully resist any attempt at change.

(p.21)

Psychology can be thought of as its own cultural clearing with intellectual and cultural horizons that intersect with present Western practices (Cushman, 2011). Clinical supervision is thus a cultural artifact within the clearing of psychology, and simultaneously acts as a means of defining the cultural clearing for new trainees entering the field. Competing visions and agendas related to epistemology, theoretical positions, political power, and closely cherished belief systems are the language through which psychology navigates understandings of the health and disease of the individual and, further, how best to treat them (Zimmer, 2004). The exploration of psychology as a particular kind of cultural clearing within a larger social context is an important endeavor, as it can illuminate the manner in which psychological practices and beliefs are embodied by practitioners.

Cushman (2011) also described the inescapability of the cultural clearing as the following:

The point is, that it is impossible to step outside the entanglements of the social world and see one, pure, uncontaminated truth. The language we use, the issues we deem worthy of examination, the happenings we identify as problems and solutions, the information we consider data, the procedures we believe to be scientifically proper-all are embedded in a specific cultural terrain. (p. 26)

As such, clinical supervision plays a critical role as it transmits, reifies and brings to light through human expression particular practices, attitudes and values, while it concurrently dispenses with others, informed by the current cultural clearing.

## Relational Theory

Contemporary relational theory emerged out of psychoanalytic circles in the 1980s (Mitchell, 1988). Referred to as the “relational turn,” (Mitchell, 2000) it represented a departure from classical psychoanalytic thought and suggested a new way of conceptualizing both human development and the therapeutic process (Slavin, 1998). Mitchell (2000) describes it as a shift “in which mind has increasingly been understood most fundamentally and directly in terms of “self-other” configurations, intra-psychically and interpersonally, present and past, in actuality and fantasy” (p. xiii). This framework carries the assumption that within therapeutic dyads lays a matrix of mutual influences and reciprocal responsiveness, which mirror all other human relationships (1998). Greenberg (as cited by Slavin, 1998) noted that the result is “a treatment process that is fluid, unpredictable, mutually created transaction of two unique individuals in a unique relationship rather than a standardized technical procedure practiced by one person on another” (p. 231).

Relational analyst, Donnel Stern (2015), echoes these ideas; referencing Winnicott, he imagines Gadamer’s approval.

Gadamer would have enjoyed Winnicott’s conception of play and transitional reality, I’m sure of it. It is when we can play, when we can allow tradition to flow freely within us—and in the case of psychotherapy, between us—that the fusions of horizons becomes possible. (p. 200)

Relational theory distinguishes itself from classical psychoanalysis and many other established approaches to therapy in that it regards the mutual influence within dyads as both unavoidable and necessary for change (Slavin, 1998). Hermeneutic ways of thinking about psychology and the human condition have been championed by relational scholars like Stern



since the inception of the movement (Cushman, 1995; Stern 2015). Enactments are a way of articulating a type of emotionally charged or restrictive intersubjective experience which may arise between clinical or supervisory dyads. A description of the way that relational theory defines and describes enactments in therapy follows, as well as literature that ties the phenomena of enactments to supervision.

**Enactments.** Enactments are unbidden affective experiences that are recognized in psychoanalytic theory as a part of the therapeutic process (Frawley-O’Dea, 2001; Stern, 2015). Difficult to characterize, “from a relational standpoint, enactment defies categorization as either pathological or normal” (Bromberg, 1999, p. 386). Stern (2015) described the experience as often feeling “constricted and rigid” (p. 7). He explained,

One’s own involvement with the other--that is, one’s motivation to create and maintain the very state of affairs that is later revealed to be problematic--is invisible. It often feels as if the enactment is the other’s fault, as if one is being provoked into an uncomfortable affective state that one would be able to avoid if it weren’t for the troublesome behavior of the other, or as if one is reacting to the other in a way that is nothing but reasonable. (p. 7)

From a relational perspective, enactments occur in the space between two people and are co-constructed, despite the felt sense that they are anything but shared (2015). When an enactment occurs in therapy, the work that follows is that of resolution or dissolution. If the dyad can work through the entrenched affective loop that both individuals find themselves in, then the individuals involved experience a newfound depth of understanding of self and other (Hoffman, 1983; Renick, 1999; Stern, 2015).

The presence of enactments in clinical supervision has also been discussed in the literature (Miehls, 2010; Schamess, 2006a, 2006b). It was asserted that relational “regressions, defined as affectively intense, cognitively primitive, usually nonverbal experiences in supervisor and supervisee alike” (Frawley-O’Dea, 2003, p. 360) are welcomed as they are viewed as potentially facilitative of the supervisory/training process. Frawley-O’Dea noted that,

As happens between therapist and patient, supervisor and supervisee engage in enactments of conscious and unconscious, verbal and nonverbal transference and countertransference constellations co-created by them during the supervisory process. In addition, supervisors and supervisees may enact relational configurations that, although bespeaking elements of their own relationship, represent as well currently unformulated features of the treatment relationship. (p.363)

Seeking, from a relational frame, to tease out significant experiences between supervisors and supervisees is thus an important undertaking in beginning to understand the cultural clearing of psychology, as enactments can give evidence to pieces of the cultural clearing that are not openly being voiced but are registered profoundly, across the many different types of supervision experiences and relationships.

### **Types of Clinical Supervision**

Two of the earliest and most influential progenitors of clinical training emerged from psychoanalytic circles at the turn of the twentieth century. Sigmund Freud and Salvatore Ferenczi modeled and conceptualized practices aimed at teaching novice clinicians their craft via two distinctly different approaches (Frawley-O’Dea & Sarnat, 2001; Berman, 2004). Both models encompassed and expressed values deeply held by the individuals who developed the frameworks and the particular historical and cultural context each man inhabited. While Freud’s

approach exemplified a hierarchical and authoritarian model of teaching, Ferenczi espoused and championed a more relational approach (Berman, 2004; Frawley-O'Dea & Sarnat, 2001).

Freud's approach was initially expressed as informal weekly meetings of the Psychological Society at his residence during which case material was shared and discussed by physicians and lay people interested in psychoanalytic frameworks (Frawley-O'Dea & Sarnat, 2001). This school of supervision was ultimately adopted and championed by the Berlin Institute of Psychoanalysis. By the 1930s, this institution had formalized training into a tripartite system wherein candidates would divide their time between personal analysis, didactic experiences, and clinical supervision (Frawley-O'Dea & Sarnat, 2001). The rationale for separating these aspects of learning was the notion that the necessity to evaluate the candidate in supervision would muddy the analytic experience if they were encompassed within the same relationship and practice.

Ferenczi's (2001) approach to training and psychotherapy was embraced and expressed by the Hungarian School of Psychoanalysis. This institution proposed that supervision should be carried out by a candidate's analyst. The rationale was that the analyst is likely to have unique insight into the supervisee's countertransference dynamic with patients. Ferenczi emphasized the process and quality of a relationship in which each member co-created knowledge developed in therapy over the value of interpretive insights handed down as ultimate truths. Scholars surmised that the supervision experience in Ferenczi's model reflected a "mutual, nonhierarchical tone" (Frawley-O'Dea & Sarnat, 200, p. 19) based upon the embodiment of these principles in the work of his trainees. Ultimately, his model was marginalized in favor of Freud's more authoritarian, didactically driven approach (Frawley-O'Dea, 2003). The departure from Ferenczi's (2003) relational emphasis is reflected in top-down approaches to supervision

that emphasized supervisor directed clinical content over mutual relational processes in supervisory interactions evident in the years that followed.

**Traditional approaches to supervision.** Since the nascent days of psychodynamic theory, in which psychoanalytically oriented supervision approaches to psychotherapy were developed, many other models have emerged (Falender & Shafranske, 2004), and, like their forbears, reflect the values, political arrangements, assumptions, and shared understandings of their time. However, some scholars have observed that supervisory practice has tended to lag behind the clinical strides being made in psychotherapeutic practices (Frawley-O'Dea, 2003). While the importance of relationships, power, culture, and egalitarian ways of working with clients increasingly crystalized as recognized best practices in psychotherapy (Edwards, 2013; Falender & Shafranske, 2004; Falender, Shafranske & Falicov, 2017), much of clinical supervision remained entrenched in traditional frameworks, assumptions and behaviors that appeared to reflect values set up by adherents of classical Freudian approaches (Falender & Shafranske, 2004; Frawley-O'Dea, 2003). Donnel Stern's observation, as cited by Frawley-O'Dea (2003), that there is often a delay between the shifting cultural horizon and its verbal articulation in cultural practices is reflected in this situation.

An example of artifacts from the past expressing themselves in current practices is articulated by Falender and Shafranske (2004) who stated that,

The most important task of the supervisor is to monitor the supervisee's conduct to ensure that appropriate and ethical practices are implemented leading to the best possible clinical outcome for the client. Quality assurance is the primary ethical responsibility of the supervisor and supersedes educative, training and evaluative functions. (p. 6)

The emphasis on surveillance of the trainee which is reminiscent of older, hierarchical systems in which the supervisor is positioned as an expert and the supervisee is viewed as a potential danger to the client.

**Postmodern supervision.** Postmodern thought emerged out of an intellectual and philosophical movement of the 1930s. It emphasized the ways that language constituted one's ideas and experiences, which are subject to change with the passage of time (Edwards, 2013). Postmodern approaches to therapy and training of therapists were embraced initially by clinicians who practiced family therapy in the 1980s. Narrative therapy, social constructionism, solution-focused therapy, collaborative language systems therapy, second-order family systems, and feminist theory, among others inform and are informed by postmodern frameworks (Edwards & Chen, 1999; Sparks, 2014). Multiculturalism, Critical Race theory, and Liberation Psychology also pull from post-modern ideologies, highlighting dynamics of power and oppression. These principles are brought to bear in postmodern approaches to supervision.

Postmodern traditions are often critical of ways that clinical supervision developed over the past century (Oppenheimer, 1998). Sparks (2014) observed that,

In many dominant depictions of supervision, power is applied vigorously and unapologetically, informed by the premise that supervisory authority is a necessary vehicle for reshaping new therapists; gate-keeping the profession; and safeguarding clients. (p. 17)

Postmodern approaches have sought to redress these traditional frameworks in favor of more egalitarian ways of working. In so doing, isomorphic understandings of the significance of training experiences upon the person and practices of a trainee are informed by dynamics of power (Edwards & Chen, 1999).

Postmodern approaches to clinical supervision have not sought to eradicate or nullify the existence of power within supervision, but rather, to find a productive manner in which to use this energy. Power is seen as relationally transactional and is embedded in discourse that may support or facilitate dialogue (Sparks, 2014). Language also is seen as central to therapeutic practices and generative in scope in the context of most of these approaches. Postmodern thinking eschews positivist notions of an absolute truth in favor of co-constructed meaning making. Collaborative and relational ways of working seek to replace traditional hierarchical notions (Edwards & Chen, 1999). Finally, all activity within and without the supervisory or therapeutic dyad is acknowledged to be occurring within the context of the social milieu (Sparks, 2014).

**Relational-Hermeneutic supervision.** Relational models have also emerged and contributed new and thought provoking approaches to supervision (Berman, 2004). Practitioners of relational supervision seek to emphasize some of the values espoused by Ferenczi and other relational thinkers, many of whom acknowledge the relationship between the supervisor and supervisee as central to accomplishing the goals of successful clinical supervision. The recapitulation of established, classical therapy frameworks in relational therapy had profound meaning for supervisory relationships and arrangements (Slavin, 1998). Relational supervision practices are predicated upon the notion that content in supervision is embedded and reflective of the supervisory dyads' relationship (O'Dea, 2003). Slavin (1998) explained,

As I see it, if the supervisor conducts the supervision in this framework-that of learning from, and with, the supervisee rather than from a position of expert knower and seer-the supervisory relationship will serve as a model for how the supervisee will work with the patient. (p. 240)

Patient, therapist, and supervisor are conceptualized as co-creators of two mutually influential dyads; themes related to knowledge, power and authority are addressed and redressed as both dyadic relationships develop over time (Frawley-O'Dea, 2003). Power is acknowledged as ultimately asymmetrical, however a goal of supervision becomes the process of negotiating shared power within the dyad. "The relational supervisor is conscious of the necessary and ever-present tension between assumed and authorized power that infuses the work of the supervisory pair" (p. 359). Cushman's (2011) discussion of philosophical hermeneutics helps to elucidate why a relational approach to supervision that is grounded in hermeneutic thinking might facilitate the development of critical thinking and sensitive self-examination in both dyadic positions:

Philosophical hermeneutics helps us learn more about the exercise of power within a political landscape and how power shows up in a particular shape as a result of the moral understandings that frame that landscape...hermeneutics encourages us to become aware of and emphasize the ongoing psychological processes that we unknowingly use as a means of maintaining compliance with a particular cultural terrain. (p. 29)

In order to engage in relational supervision effectively, both parties must risk a certain level of vulnerability (Slavin, 1998). They must be willing to be affected by the other. Slavin discussed the necessity of mutual vulnerability within an established level of relational safety to facilitate the supervisory process:

It is the belief that they can have an impact-and are not simply going to be the recipient of influence-that enables individuals to trust that they will be recognized for themselves (Benjamin, 1990). This kind of safety is necessary for influence to take place, and it is created precisely by the capacity to be influenceable and indeed, vulnerable. (p. 237)

Slavin (1998) suggested that this level of mutuality and openness to the other's subjectivity, when matched with a firm grounding in theory, represents a powerful approach to training. In approaching supervision in this way, Slavin (1998) suggested that trainees may find their own voice and critical lens as they formulate practices of their own.

### **Study Rationale**

Clinical supervision is a mainstay of the training process in psychotherapy. Its central role in shaping each generation of psychotherapists and clinicians is well established in the literature. Given the importance of this practice, it remains mysterious why there is relatively little consensus on how best to approach this relationship and experience. Relational theory offers a philosophical grounding for inquiring as to what supervisees and supervisors find most significant in their experiences of supervision. In keeping with the perspective that supervision can be oriented relationally, so as to emphasize mutuality within a clearly asymmetrical arrangement, both supervisors and supervisees will be interviewed.

The experiences expressed by both stakeholders may contribute valuable insights as to what cultural messages about the work and the self are prevalent in current practices of clinical supervision. These insights will likely be informative as to future directions for best practices in clinical supervision and help clinicians to re-examine their current practices in light of what emerges from the project.

### **Research Questions**

This research is undertaken with the expectation of evaluating the following questions (See Appendix D, Table D7).

Question Ia: What are the experiences within clinical supervision that were significant to supervisees?



Question 1b: What are the experiences within clinical supervision that were significant to supervisors?

Sub-question: What are the cultural artifacts and ways of being that are embodied and transmitted in supervision that inform the current cultural clearing of clinical psychotherapy practice?

## **Method**

Qualitative methodologies are particularly suitable for scholarly explorations of meaning-making processes in individuals or groups of individuals (Bloomberg & Volpe, 2012). Qualitative research can bring to light experiences within a small cohort of participants, which may express a particular phenomenon, that may or may not be necessarily generalizing to the entire population. In this study, an epistemological framework, Interpretative Phenomenological Analysis (IPA), will be used as the lens to explore and examine the data as it most readily captures data as described within the stated goals of the research. The goals of this research were to collect information regarding a specific type of experience, identify meaning, and explore specific interpretations gathered from the inquiry process. Thus, the IPA framework was used as a process of inquiry, in which this research explored the lived experienced and the meaning made between two primary relationships, the clinical supervisor and the supervisee; relationships that are inherently embedded in culture and various cultural practices. It is predicted that clinical supervision is a product of, embedded in, and generative of cultural practices, a hermeneutic approach appeared to be a relevant and almost necessary frame in which to make coherent meaning of the information collected through this research study.

### **Interpretative Phenomenological Analysis**

Interpretative Phenomenological Analysis (IPA) is the selected framework for this data analysis as it is an appropriate research design for the intended purposes of this inquiry. IPA is a phenomenological hermeneutic approach to qualitative research, which emphasizes research directed towards individuals' interpretations of their lived experience (Smith, Flowers, & Larkin, 2009). IPA researchers "are especially interested in what happens when the everyday flow of lived experience takes on a particular significance for people" (Smith et al., 2009,

p. 1). Through the utilization of hermeneutic approaches, IPA researchers seek to make meaning of qualitative information generated during inquiries, in other words, the meaning of a lived experience through the inquiry process of research. According to Richards and Fowers (2010),

(...) the human activities of social theory, research, and the interpretation of research findings themselves have to be counted among the psychological processes that are thoroughly embedded in and constituted by culture and society... They do not stand apart from the human fray in some sort of pristine objectivity. Rather, they are entirely among the practical, moral or spiritual things that human beings do in working out the meaning of their lives. (p.113-114)

Thus, the assumption is that clinical supervision is also a product of, embedded in, and generative of cultural practices and as such, may benefit from a hermeneutic approach to making meaning of this inquiry.

One of the primary methods of the IPA framework is that it uses interview schedules. An interview schedule is a semi-structured set of interview questions that serves the purpose of preparing for and anticipating likely content prior to interviewing. IPA interview schedules (See Appendix D, Tables D8 and D9) are designed to be open-ended and flexible in order to facilitate the procurement of rich qualitative data. Schedules help IPA researchers to prepare a loose agenda, anticipate potentially sensitive material, which might arise for participants along with related issues of safety, and to facilitate the framing of questions in an open-ended vernacular (Smith et al., 2009).

The interview is dialectical in nature and allows the researcher to modify initial queries in response to emerging information as the interview unfolds. The analysis of data, which follows

is iterative in nature, with each new piece of information shedding light and changing the meaning of information derived from earlier interview. Analysis then becomes an "iterative and inductive cycle" (Smith et al., 2009), which focuses upon responding to the meaning participants make of their experiences.

**Foregrounding.** In utilizing IPA, it is standard practice to state the subjective and personal drives orienting the researcher(s) towards their particular field of research (Smith et al., 2009). In alignment with the standards of practice, and as the researcher of this study, I came to this subject through the diversity of my experiences with supervisors while training for both my Master's degree and Doctoral degree in clinical psychology. Some of them have been liberatory in nature, strengthening who I am in my personal life and in my professional spheres. These supervisory relationships and experiences have helped me to grow and in so doing I have felt a deeper sense of integrity in the work that I do and in my learning. Other experiences, however, have been psychologically difficult and have caused me to struggle in my perceptions of who I am as a practitioner and as a person. The latter tended to be mired in power-laden interactions, which left me feeling scrutinized, shut down and disregarded.

I know that other supervisees have also been impacted in meaningful ways during their clinical supervision experiences. Through casual conversations and formal consultations with others, I have encountered reflections of similarly wide-ranging and diverse sets of relational experiences and emotionally charged narratives. My peers have responded to this topic of inquiry with a level of interest and enthusiasm that is rooted in their own training relationships and experiences. Many of them have expressed a keen desire to participate in further dialogues aimed at unpacking and highlighting their significant experiences within these contexts. The

resonance that I have felt with my peers' stories has led me to believe that my own trajectory may not be singular, but rather, could be endemic of a cultural phenomenon.

Supervision is in a unique position of power in which one may privilege particular ways of being within psychotherapy, as well as, emphasize specific moral understandings within the culture. Various scholars have acknowledged that clinical practices, perspectives and values introduced in training experiences are often expressed and repeated in clinical work across generations and cohorts of psychotherapists (Berman, 2004; Falender & Shafranske, 2004; Frawley-O'Dea & Sarnat, 2001). As clinical practices, perspectives, and values are introduced and pass down generation to generation, the cultural significance of what these values and practices are, and their implications, appears to be powerful and significant. If the supervisory experience is central to the training of psychotherapists and thus, central in establishing the foundational practices of the profession, one may examine the relationship between supervisor and supervisee to gain insight into aspects of culture and unfolding domain of psychological practices, expectations, and potential future of the field.

Inspired by some of my clinical supervision experience, I wanted to acknowledge and contribute to the impact of supervision on the supervisee and the various ways in which it has the potential to help or hinder professional and personal development. It was my intention with this research to contribute to the field's level of cultural integrity by choosing culturally sensitive and appropriate methodology that honors my personal values to be transparent about my own cultural background, identities, lived experiences, and values, as well as, the intersection of those within and between, the participants of this research study. It is my hope that engaging in this dynamic interplay of inquiry, relationship, culture and meaning-making that this research will reflect my

own personal values of transparency, compassion, and integrity as a meaningful contribution to the field of psychology.

### **Participants and Recruitment**

Twenty-eight individuals were recruited and interviewed. Participants were recruited through emailing clinicians with whom the researcher was acquainted; thereafter a snowball sampling approached was utilized to continue accessing other participants through the connections of the interviewed participants. Of the 28 participants 20 were selected at random for coding. Ten of the participants are clinical supervisors and 10 are individuals who have had clinical supervision as a part of their clinical training experience. No additional interviews were required to achieve thematic saturation. Participants for this study were selected based on their ability to share insight into significant or impactful experiences within the context of clinical supervision. The purpose of including participants from multiple perspectives within clinical supervision is to contextualize the phenomenon from the perspective of members of both stakeholder groups. The asymmetrical power dynamic inherent in supervision were thus explored from both sides, while highlighting dynamics descriptive of a shared mutuality within supervisory relationships. Participants were selected evenly from the supervisor and supervisee pools, ultimately numbering participants 10 in each group total.

Participants were drawn equally from diverse psychotherapeutic disciplines in order to maintain a focus upon the practice of supervision, rather than the training methodologies specific to any one field. For example, individuals were selected from a range of clinical fields including social work, counseling, and clinical psychology. Participants may have experience in both supervisee and supervisor positions historically, however, the interview sought to focus attention

primarily upon the role a given participant was recruited to reflect upon, such as only supervisee or only supervisor.

The participants were not required to be matched into supervisory dyads, so as to facilitate greater freedom of speech and richer data. Each participant was interviewed individually to further understand significant or impactful emotional, relational, cultural and intellectual experiences elicited within clinical supervision. The specificity of the experience in question requires a thoughtful participant selection process; therefore, a purposive sampling approach was utilized (Smith et al., 2009).

While each of the participants were trained as graduate level clinicians, they drew upon experiences which preceded, included, and went beyond supervision experience within the context of their formal degree programs. While this was not anticipated initially, it became clear that to exclude this data would compromise the integrity of the study, as it would no longer be descriptive of the participants' experiences of the phenomenon of clinical supervision. Therefore, I deferred to the participants' definitions of clinical supervision, which was broader in scope than initially conceptualized and inclusive of pre-Masters positions at clinical sites working with clinical populations and post-Masters degrees in formalized consultation relationships that they referred to as supervision.

Note that participants were assigned pseudonyms as a means of maintaining privacy and confidentiality of their data (See Appendix D, Table D1). Some additional pseudonyms are found in the results section to facilitate ease of readability of participant quotes when describing someone who was not a participant.

**Demographics.** The participants were recruited from diverse geographic and training backgrounds (See Appendix D, Table D1). Every participant hailed from the North American

continent. Countries of origin represented among the participants include the United States, Mexico and Canada. The interviews were conducted in the states of Washington, Oregon, Texas, and Massachusetts. Fifty-five percent of the participants identified as white (See Appendix D, Table D2). Forty-five percent of the sample is comprised of those who identify as people of color. Ethnicities among the participants of color include Asian, Hispanic, Indigenous, and African-American. Seventy-five percent of the participants are female, twenty-five percent are male. Participant ages represented at the time of the interviews ranged from twenty-nine to sixty-five years of age. Forty percent of the participant sample identified their socioeconomic class of origin as upper middle class, thirty percent as middle class, five percent as lower middle class, and twenty-five percent identified their class of origin as working class (See Appendix D, Tables D3 and D4).

**Level of education, training, and experience.** The participants each completed graduate level training in psychotherapy and had earned a masters or doctoral degree. Two representatives from the following five disciplines were selected at random for coding; Clinical Social Work, Mental Health Counseling, Child and Family Therapy, as well as doctoral clinicians, from both Psy.D. and Ph.D. programs (See Appendix D, Table D1). Three of the supervisors and three of the supervisees were art therapists. Each supervisee participant had at least one year of practical clinical training and each supervisor participant had at least five years of clinical supervision experience.

**Exclusion criteria.** Smith et al. (2009) suggested a thoughtful exclusion process in which a small number of participants are selected for interviews, based upon the specificity of their experience relative to the overall research question. Trainees who had less than one year experience in internship were excluded due to having limited opportunities for supervisory



experiences. Supervisors who had less than five years of experience participating in supervisory relationships were also excluded due to limited opportunities for supervisor experiences. Finally, trainees and supervisors who were attending, or were actively employed, by Antioch University Seattle at the time of participant recruitment were excluded in order to better protect confidentiality and to gather data outside of systems in which the researcher was already embedded.

### **Participant Risks**

There are some risks pertaining to the process of interviewing on the topic of significant experiences associated with clinical supervision. Feelings of discomfort and anxiety may arise as participants discuss and explore past memories regarding their development as psychotherapists and supervisors. There may be fear or unease at the thought of information, or their identity, being exposed in a way that is recognizable to other professionals and colleagues in the field. They may feel vulnerable to scrutiny by the interviewer or readers of the study if they explore material that is painful or difficult in some way. They may also feel concern that the study may reflect or distill their experiences in a manner that is not congruent with their lived experience. There are various ways in which participation risk was minimized.

**Participation protection.** This research study is approved by the Internal Review Board (IRB) at Antioch University Seattle, as it believed by a panel to adequately protect the rights and privileges of participants, as well as meet the ethical standards of the field of psychology. Participants were provided with informed consent prior to the interview, which covered the details of the research as well as their rights as a participant (See Appendix D, Table D12). The participants were informed during this time that they have the right to end their participation at any point during the study without penalty. A list of local resources for therapy

in their community was provided, should the participant need support at any time during or after the interview process.

Confidentiality was protected in the following manner; informed consent documents were kept in a locked cabinet, which was kept inside a locked building. Interview data and transcripts were also stored in a double-locked location, and electronic files were stored on an encrypted drive, also stored in a locked location. Because the researcher served as the interviewer, identifying information was accessible to the researcher, however, interview data and recordings were tracked through the use of pseudonyms, and identifying information was removed from the transcripts generated from interview data. Each participant was offered the opportunity to review their personal interview transcript in order to allow for edits or changes to be made before interpretation.

**Participant benefits.** The benefits for this study outweighed the risks for several reasons. Primarily, participants may gain personal insight into how their experiences in clinical supervision affect them both as clinicians and as individuals. Additionally, this research will benefit the field of psychology by providing literature and insight into relational acculturation processes within clinical supervision. Participants were also offered referrals to therapy resources within their geographic area that were either low cost, or free, which would provide them with opportunities to both process their insights as well as any difficult emotional experiences that may have been elicited by the experience of being interviewed.

## **Procedure**

Prior to completing the interview, participants were provided with a written description of the purpose and aims of the study and a description of their rights as participants, including their right to confidentiality and their right to cease participation in this research initiative at any

time during or after the interview (See Appendix D, Table D12). After discussing and obtaining informed consent, participants were asked to fill out a form, which asked for information related to demographics, training, theoretical orientation, and years in the field (See Appendix D, Tables D10 and D11).

**Interview.** Interviews were scheduled over the phone or via email and took place at locations that were convenient to participants while affording a level of privacy sufficient to protect confidentiality, such as their place of residence or work. Some participants chose to meet at the researcher's office or in a private study room in a public library close to the participant's residence. Interviews were scheduled based upon participant's stated needs and the mutual availability of both the interviewer and the interviewee. Semi-structured, open-ended interviews were conducted with 10 individuals who spoke about their experiences as clinical supervisors and 10 individuals who spoke about their experiences as supervisees. The interviews were an average of 92 minutes in length. Upon completion, all notes were double-locked and the digital recordings were stored on an encrypted drive in order to maintain and protect the confidentiality of the participants.

Consistent with Interpretative Phenomenological Analysis (IPA) methodologies described in the literature, an interview schedule was generated that both guided the process and was simultaneously designed to follow the participant's reported experiences and meaning making, as it arose out of the interview process. Interviews with both supervisors and supervisees were initiated with a broad general question regarding their significant experiences in clinical supervision. Content and flow generated by the participants and individual interviews were distinct from one another. This notwithstanding, the interview schedule provided sufficient structure to focus interviews on the initial research question.

## **Data Analysis**

Interviews are treated as a text in regards to levels of analysis. IPA authors suggest four levels of interpretation: reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes. These four levels of interpretation were utilized for each separate interview, with the final step of searching for connections across emergent themes being utilized to examine all the interviews as a whole body of data. This analysis was undertaken with the goal of interpreting emergent, general themes across both cohorts of participants rather than with a goal of comparing and contrasting supervisee's significant and impactful experiences to those of the supervisors.

**Reading and rereading.** During this phase of analysis, I read the transcript of each interview several times and listened to the audio recording of the interview at least twice. These practices are designed to place the participant at the center of the analysis. During the second audio file review I made initial notes in addition to reading and reflecting upon the text. In this process of inquiry, I utilized both verbal and graphic approaches to record my own responses to the text.

**Initial noting.** During the initial noting phase I drafted a detailed and comprehensive set of observations regarding the text. These observations were a descriptive exploration of semantic content and the participant's use of vernacular during the interview process. I also carefully recorded my own process of engaging with the transcript thorough notation and response art practices.

The initial noting phase included notes that ranged from describing the participants' responses, to noting conceptual patterns that were beginning to emerge. The purpose of this

phase was to allow “richer accounts of the meaning of these objects” to emerge (Smith et al., 2009). In this way, notes of an interpretive nature were generated to help the researcher understand the reasoning behind the participant's contribution. Other notations included comments on language, contexts of the lived experiences of the participants, and abstract conceptualizations.

**Developing emergent themes.** During this phase of analysis, attention was focused primarily upon the set of notes generated in the second stage of development. This phase is concerned with the hermeneutic interpretation of the data. The notes were studied in order to allow themes to emerge, through the synthesis of discrete pieces of qualitative data into meaningful arrangements of information. Emergent themes within particular interviews were later reflected upon and contextualized in relation to the whole data set, in keeping with hermeneutic principles related to tacking back and forth between the part and the whole during interpretive processes (Smith et al., 2009).

**Identifying connections across emergent themes.** After the initial themes were identified for a single participant then began the process of identifying relationships between themes for each individual participant. Similar themes were organized into larger themes through processes of abstraction and subsumption, identifying oppositional positions between themes, identifying the surrounding context which informed specific themes, and highlighting the function of given themes within the transcript (Smith et al., 2009). Notes were made to document the route of these processes, either through a concurrent diary of research events and related commentary or through careful notation made at the conclusion of this phase of inquiry. This was considered the completion stage of the individual participant data collection. This method was repeated and completed for each of the interview transcripts.

**Looking for patterns across participants.** After completing the thematic analysis for the individual interviews, patterns were identified across participants. Typically, each set of individual notes was examined in relation to the other sets of notes with themes analyzed as a group, supervisor or supervisee. Idiosyncratic information and higher-order conceptualizations were highlighted through this process. For example, themes that related to disclosure overlapped with the theme of vulnerability; therefore, one was subsumed under the other. This process can facilitate coherence within increasingly theoretical treatments of information, as well as, it may reduce redundancies within the data (Smith et al., 2009).

**Response art.** The relationships between psychology and artistic processes have been explored in psychological literature since the early twentieth century (Glover, 2009). Carl Jung (1966) engaged in personal artistic activity as a means of exploring and learning about his own unconscious processes. Jung (1966) described why creative artistic practices are important and valid ways to gather information about one's own psychic machinations. Drawing upon these early inquiries, pioneers in the field of art therapy like Margaret Naumberg developed theories and psychotherapeutic applications, which utilized visual art processes (Junge & Asawa, 1994).

Initially, the intention was to create a piece of art following each interview but ultimately found that it was more generative to delay this process until after there was an opportunity to reflect and internalize these experiences. Thus, the art making process was delayed until after the interviews were coded, which helped to better organize and enter into the associative image-making process. These pieces were constructed of cut-paper materials and represented themes from the interviews and projections and associations from the researcher (See Appendices A and B). Concurrently, a larger, ongoing piece was generated throughout the process where responses were recorded over time, through the use of art materials. This piece was made using paint and

drawing materials on a large piece of paper (See Appendix C). Images were laid on top of one another, obscuring earlier responses and remaking the piece entirely.

Art was utilized in this study as a way of documenting and exploring my own responses and thematic interpretations. The art making process was consistent throughout the collection of the research and data analysis. The art making process was chosen as it utilized a level of interpretation that is consistent with hermeneutic analysis wherein the personal experience of the researcher is explored as a vehicle for gaining further understanding into the data (Smith, Flowers, & Larkin, 2009). Lastly, this method of data interpretation provided an additional source of information that added a richer dimension to the work (See Appendices A, B, and C for response art).

### **Validation of Data Analysis**

A number of strategies exist within qualitative research in order to increase the validity and reliability of the data analysis. Foregrounding, was initially done as suggested by IPA literature, and can be found in the above section that is labeled as such (Smith et al., 2009). Methods recommended by Creswell (2013) were also utilized including triangulation, peer debriefing, and thick, rich descriptions. As an additional means of increasing validity and reliability of the data, participants were offered the opportunity to review their transcripts following the transcription process. By analyzing the data between supervisors and supervisees, it was possible to analyze for overlapping or significant themes between the groups rather than relying on either group to define the experience of supervision alone.

Peer debriefing was utilized throughout the coding process, as well as in the final writing of the results. The peer debriefing process was completed during initial noting, developing emerging themes, and searching for connections across emergent themes. A graduate student

and colleague from the same doctoral program as the researcher provided formalized peer debriefing; one peer de-briefer was used throughout this process to maximize familiarity with the material as the coding of the data deepened. This individual reviewed and coded each of the 20 transcripts and shared impressions with the researcher at regularly-scheduled, in-person consultations. Subsequently, the peer de-briefer offered opportunities for exploration regarding interpretations, provided alternative views on the narratives for consideration, or highlighted areas that required more attention. The peer de-briefer also provided support during the writing of the results section, highlighting areas that may benefit from further attention and providing opportunities via weekly phone conversations to discuss the writing process. This peer debriefing process facilitated deeper analysis and exploration throughout the methodological process.

Finally, member checking was employed through allowing participants to review a redacted version of their transcripts and make comments or edits. The 20 participants included in the analysis were contacted via email and offered a two-week window in which to review their redacted transcripts and make commentary. Eleven of the participants requested a transcript in order to do so (See Appendix D, Table D6). Ten requested the redacted transcript be emailed to them directly. One participant requested her redacted transcript be posted to her via the US postal service. Seven of the participants declined to review their interview and two participants did not respond to the initial email offering them this opportunity. Of the 11 participants who reviewed their transcript, two participants requested further redaction in order to better ensure privacy was protected. These requests were subsequently met by the researcher.



## Results

The three primary themes found in the data derived from participant interviews were Emotional Experiences, Growth and Learning Processes, and Self and Others. While both supervisors and supervisees provided data for the major themes, the orientation to the subthemes by participants was influenced by the position and respective roles of the participant in the supervisory relationship arrangement. For example, while both supervisors and supervisees were impacted by the theme of emotional safety, the differences in hierarchical power necessarily impacted the stories they told regarding emotional safety in supervision. While supervisees experienced emotional safety, or the lack of it, within supervision, the supervisor's position was often reported as engaging in fostering and monitoring the safety of supervisees to various degrees. Both members, despite these differences were attendant to and impacted by the overall theme. The text that follows describes each primary theme, which is further divided into secondary, tertiary and quaternary subthemes. Visual illustrations of the primary themes along with their respective secondary, tertiary, and quaternary subthemes is available in Appendix E.

### Emotional Experiences

Table 1. *Primary, secondary, and tertiary themes of Emotional Experiences*

Primary Theme	Secondary Themes	Tertiary Themes
Emotional Experiences	Emotional safety	Sense of connection
		Respect
		Empathy
		Normalization
		Willingness to take risks
	Lack of emotional safety	Trust
		Judgment
		Emotional responses
		Lack of trust
	Emotional vulnerability	Coping strategies
		Personal sharing
		Invulnerability
		Rupture and repair
		Unrepaired ruptures

All of the participants in the study discussed emotional experiences when asked about significant or impactful experiences in supervision. Some suggested that every experience of

supervision was emotional for them. As one supervisee described her supervision experiences, “They were all emotional. I mean I think being under supervision--at least I was dragging my little emotions around with me everywhere I went.” The participants referred to experiencing diverse levels of emotion as not only normative but essential for growth. A participant reflected, “It was significant to me because it was the first time that I.... disagreed. And we had a safe enough relationship that maybe, allowed me to kind of do that for the first time-- push back on what he was saying.” Supervisors further acknowledged the importance of these moments in the learning process. One supervisor acknowledged the need for room to experiment as the last supervisee discussed, “I think in order to learn to trust yourself, as a therapist, you need to be given freedom to make mistakes.” This primary theme of emotional experiences was further broken into three secondary themes of emotional safety, emotional vulnerability, and trust.

**Emotional Safety.** Both groups of participants discussed at length experiences of emotional safety and lack thereof. Supervisor’s contributions in the discussions of emotional safety were primarily in regards to ways that they sought to cultivate that within their supervisees and their reasons for doing so. This is exemplified in a quote from a supervisor who stated, “I know that supervisees need to be able to feel safe, to take risks to share their vulnerabilities and that it’s in that place where they can grow.” Supervisors drew upon shared personal histories in earlier phases of their own development, theoretical perspectives, and personal values. One supervisor reflected upon his own early experiences as a supervisee, “I had a real negative experience when I started at my first job out of school, in community mental health, in which my supervisor was very strict about that. To the extent that there was shame involved.” He offered this memory to illustrate why he was committed to emotional safety for supervisees now that he is a supervisor.

Supervisees discussed emotional safety in regards to how it was experienced and the decisions they made as a consequence of that relative emotional safety. One supervisee stated, “The supervisor looked at me and she just nodded. You know? And I felt so good! Because it’s like, “Yeah. You’re on the right track...Keep going!”

For supervisees, their ability to feel safe within the relationship was impacted by a wide range of factors. Previous experiences in family of origin, clinical and non-clinical jobs, graduate education, and previous supervisory relationships were impactful and provided context for meaning making at the very outset of any new supervisory relationship. One supervisee reflected, “That was something that was really painful for me, because I felt just disempowered. It took me to a family of origin place...” Factors related to identity, dynamics of oppression, and opportunities for mentorship within one’s own community also implicated significant contributors before the supervisory relationship even began. For example, a gay-identified supervisee discussed his experiences working with gay-identified supervisors at an agency designed to meet the needs of the LGBTQ community, “I never thought of my gay identity being a hindrance or something that needed to be brought up at supervision, but now that it is brought up a lot, I like that. I think I was missing that from other places.”

**Sense of Connection.** A theme that was described by participants when discussing emotionally safe supervisory experiences was that of connection. As described by one supervisee, “Connection. I mean, it’s not really something that I think about, but it’s always there. When the relationship feels very strong, feels very supportive, trusting, comfortable, you can kind of settle in.” Connection was discussed as an important aspect of creating a space that felt supportive to supervisees. Through connection, supervisees described experiencing respect and acknowledgement of their unique contributions. One supervisee described this in terms of

“being received as a person, not as a student” and feeling connected through this sense of being witnessed. A supervisor emphasized the ubiquitous nature of connection in her supervision relationships, “Like almost every time. There’s so much connection. It’s like, “Tell me about a time you breathed with a supervisee!” Connection was offered as an important foundational element in establishing emotional safety within supervisory relationships, and was recognized by both supervisees and supervisors as critical to the overall process.

Relational connection was sometimes facilitated through shared engagement with metaphor in supervision. This supervisor found a heightened level of connection through engaging in a metaphorical exploration with her supervisee about a client. She shared,

I think both of us kind of clicked with using visual imagery to convey things and so we would do that a lot. In supervision she was like, “It's like I’m just digging this hole and I'm digging this hole!” And it was just one of those things where we’d both be like, “Yeah! And then all the dirt is falling on your head and you’re with this client, and -”  
You know? We would just kind of keep expanding the metaphor together.

A supervisee also shared ways she felt supported by this kind of engagement with metaphor in her group supervision:

I think the emotional piece came when some of my co-workers, including my supervisor, sort of entered into some of the metaphor that I brought about the client and it helped me go deeper into the felt experience. It was really powerful.

Creativity through metaphor was seen as bridging the connection the supervisee experienced with the client and the connection experienced in supervision.

**Respect.** Supervisees who felt emotionally safe also described experiences of respect and mutuality. Many supervisees in the sample came into supervisory relationships as adults

with prior careers and vocations, whether it be in the mental health field or otherwise. Having supervisors express a level of regard and respect for the gifts and experiences supervisees brought in with them was identified as significant and contributed to a sense of mutuality and a collaborative spirit within the relationship. A supervisee explained, “And I think having that recognized--that you have a lot of knowledge already and you are doing things you are supposed to be doing--it’s very confirming to me, affirming, and it’s nice.” Another supervisee described his experience of being respected for who he was, “I felt there was respect for all I was bringing into the conversation – including what I didn’t know – that was part of what I was bringing to the conversation.” In this way, supervisees included their growth areas as part of being respected, and as an essential part of what it meant to have an emotionally safe space to practice.

Many supervisors, such as the following participant, likewise expressed a high level of respect for the work being done by supervisees. “[She was] someone that I cared about, and respected, and I liked her way in the world.”

**Empathy.** Empathy was identified by supervisees as significant in fostering an emotionally safe relationship. Supervisees communicated that it was through their supervisor’s empathy that they felt seen and validated in their experiences. One supervisor reflected,

She was vulnerable. I mean, it’s very vulnerable to be a supervisee and I remember that feeling. You’re constantly aware that you’re being evaluated. And you’re trying to do this work, that’s very hard to do--for all of us, even those of us who have our degrees and have practiced for years.

In expressing the manner in which a supervisor’s empathic response allowed her to experience her own emotions a supervisee explained, “She cried along with me, and let me be really upset and really almost rageful.” She went on to explain,

It made me feel like I wasn't crazy. That what happened was a serious thing and that I wasn't being a hysterical woman. You know? Being too sensitive, or taking things the wrong way or whatever awful things that I say to myself or culture says about women.

In the data, supervisees discussed empathy in supervision as permission to accept their emotional experiences as clinicians. A supervisee of color highlighted her experience of empathy working with a supervisor of color:

But being a supervisor of color-yes. I think both gender and being of color played a huge role. For one, she could, I think, empathize a bit more readily. And we all have the ability to empathize, but to have had that similar experience--to be able to say, "Do you think this would have happened to you had you been white?" I didn't get that with other supervisors.

This supervisee found those insights meaningful and it helped her to feel seen in a way she had not been experiencing before. In this way, her supervisors' empathy was experienced as powerful.

Supervisors reflected that empathy was a part of how they created emotionally safe contexts in which to meet, and they connected this understanding to the larger context of clinical work. Supervisors described empathy as a personal response, but also as "holding space" or "being present" within supervision. One supervisor illustrated, "So, there are times when I have sat there with tears in my eyes and I've just held space for the story and have empathy for the pain that is being described and felt." Another supervisor described how he supported development in his supervisees of the level of self-awareness he felt was required to experience empathy in clinical work. He shared that it was a "necessary" part of teaching within supervision. He stated, "Big time empathy requires big time self-attunement. You can't teach

somebody empathy, I don't believe. When you teach somebody to be more attuned to themselves ...everything [else] can follow.” Helping the supervisee to be more emotionally present through self-attunement was both a way of reinforcing safety within the relationship, while offering an opportunity for the development of greater self-awareness.

**Normalization.** The process of normalizing emotional experiences within clinical work also fostered a sense of emotional safety. Supervisees discussed the belief that, in their role as therapists, they needed to be unaffected by clinical work. One supervisee described, “I had almost approached the role of being a psychologist as if it was going to give me some type of immunity...Oh yeah, I'm a psychologist so I won't be depressed or anxious.” Having emotional responses towards clients normalized was posited by supervisors to be highly beneficial to supervisees' development. Supervisees shared that this conceptualization heightened their sense of safety within supervision. As one supervisee recalled, “I was pretty emotional, I don't think it was anything that he said or did. I felt that he was very supportive. I confessed to crying in sessions and he said, ‘Well, maybe we should cry more.’” Supervisors commented upon how appropriate these vulnerable experiences are for supervisees and ways that they helped support them in negotiating strong or difficult emotions. One supervisor expressed, “Sometimes supervision involves a lot of crying. And it's a place where people... have been able to say, ‘I need to come in and cry.’ Because it's just so much to hold—the stories that people hear and witness.”

The creation of a contexts characterized by emotional safety through normalization of emotional, empathic responses was also inclusive of emotional experiences in response to the supervisor and the supervisory process. One supervisor explained,

I mean, to think you're not going to be annoyed with your supervisor; or not be annoyed with the process; or not be annoyed with me? Totally unrealistic. Right? And so it's good— So, how to make that happen in a way that's acceptable and that you can feel okay with-- like you're not going to have to give up something to be able to express that. Right? And it's brave if you're going to do it but let's--even then--let's try to figure a way you can do that and not leave the room like you've left something behind.

This supervisor established a context in which his supervisee could safely explore the full range of their feelings through the process of normalizing emotional experiences within clinical work and supervision, and finding ways to support their expression within supervision while remaining intact.

**Willingness to Take Risks.** Supervisees expressed that emotional safety was important in order for them to take risks within their clinical work and within supervision. As expressed by one supervisee,

If I can really cop to my process of what I was thinking, and doing in the moment – now I can look and feel more powerful because [my supervisor] has said, “Oh I see. Well this might not be the greatest intervention because sometimes [a negative] outcome is possible”.

The experience of being honest within supervision, and being open to taking risks in a transparent way was associated with safety within supervisory relationships by supervisees. One supervisee described having multiple supervisors over the course of her internship and postdoctoral training at the same site. She reported:

And both of them feeling like very safe people. So the connection is around really being able to go to either one of their doors...and them being able to joke, or have humor, or



have understanding, have nice eye contact, and be present, in the moments when I really needed support.

Supervisees often expressed this type of connection between emotional safety, risk taking, and their development as clinicians during the interview process.

Supervisors similarly discussed the connection between emotional safety, risk-taking, and the overall growth of clinicians. Risk-taking was discussed as interconnected with making mistakes, and as one supervisor described, “As a therapist, you need to be given freedom to make mistakes and I’m here as a resource for them.” Supervisors serving as a resource for taking risks included discussions of acquiring self-confidence through self-awareness, or as one supervisor described it, “You need to learn yourself, so that you can work with other people. You’re always going to run into something that’ll trigger you. That’s just part of acquiring experience.” Supervisors highlighted ways that they offered insight into the experience of being in a place of uncertainty as normative.

Taking emotional risks in supervision was an important way that supervisors embodied and modeled this principal that it is ok to be vulnerable for supervisees. One supervisor in particular described the process of disclosing “something where you know that there’s still some edge to it,” and her uncertainty in making this type of disclosure to a supervisee. She described the positive connection that was established through sharing a mutual identity with her fellow supervisee, as they were both discussing difficulties related to motherhood. Supervisors described the importance of modeling risk taking, and affirming supervisees when they did take a risk. Finally, positive relationships and a sense of connection provided a relational foundation that facilitated a sense of vulnerability.

**Trust.** Supervisees and supervisors both spoke of trust when discussing emotional safety and emotional vulnerability. As one supervisor described, “I think safety and trust is at the backbone of the work and without a sense of safety and a sense of trust, I think so much just falls apart.” Both groups spoke at length about what trust meant to them within supervisory relationships, as well as how it was affected by ruptures, repairs, and ultimately how it influenced the supervisees’ ability to disclose or not disclose within supervision.

Supervisees were impacted when a supervisor they respected demonstrated trust in them and their abilities. The trust expressed by their supervisors communicated a level of respect, confidence, and regard, which was transferred to and experienced positively by supervisees. As one supervisee expressed “she just really opened up about it in a way that I’d never experienced. So, that was really big for me, because I felt like she trusted me. That was a big deal for me.” Some supervisees discussed relationships with supervisors in which trust was overtly stated, as in the following example: “He would directly tell me, ‘I really trust you. I really think you do a good job here.’” These forms of trust in the supervisee had a direct influence on the type of trust that was felt towards the supervisor, in return.

Supervisees discussed the connection between feeling trusted by the supervisor, and coming to trust themselves in turn to grow and develop their clinical skills. A supervisee stated, “I just had a trust in him. That, if he thought that this was something I could do, that I would try it. And I kind of clumsily started with this client and it ended up being fine.” In this way, trust was a mutual process in which the supervisee felt safe to try new clinical interventions or take on new populations, due to the trust that they had in their supervisors, and the trust that the supervisors were able to express towards the supervisees.

Supervisors also discussed feeling impacted by the trust that was given to them by their supervisees. As one supervisor described, “it was impactful because she trusted me with the information and was obviously very scared and confused and didn’t know what was going to happen after she shared.” This supervisor also remarked upon the experience of not being trusted by her supervisee with necessary information. She stated,

(...) they would say one thing in supervision, and then on tape it would be something else... You have to trust what they’re telling you and if you can’t trust them to be a good reporter--whether from their feelings, or memories, or thoughts, or that they’re being honest--everything else degrades. I can’t supervise you; I can’t supervise somebody who is not telling me what is happening in a session.

Supervisors discussed the importance of mutual trust as important for supervision to function, as it should.

**Lack of Emotional Safety.** Supervisees who reported feeling a lack of emotional safety in their supervisory relationships often experienced a lack of regard, the sense that they were being unfairly judged, dismissed, or patronized as well as feelings of fear, anxiety, anger and shame. A supervisee described an embodied sense of stress when feeling unsafe within supervisory situations. In her words, “I will get uncomfortably anxious, my heart will just beat...it happens when I’m around other professionals...[where] it doesn’t feel like they respect you, or that you have something to offer to the discussion.”

Some of the experiences of anxiety were also connected to issues connected to identity and oppression, as one supervisee explored when she stated “and that could be because of my identities. So it could be like, ‘you’re young, you really have nothing to offer me.’ Or ‘You’re a woman,’ or ‘you’re a trainee.’

**Judgment.** Supervisees further described experiencing a sense of judgment within unsafe supervisory relationships. One supervisee described feeling “very unsupported by the supervisor. Critically judged by the supervisor. I didn’t believe there was any understanding of where I was coming from.” Supervisee participants offered multiple examples of judgment along this vein, and further expressed feeling that their insights into a situation went unnoticed. When discussing feeling judged, one participant expressed:

Feeling judged. You know? Feeling judged--I think wrongly. It’s like, “You don’t know this. You know what I’m saying? You know supervision, you have the broader picture, but you don’t really know the specifics. You don’t know what’s going on, here.”

In this way supervisees expressed feeling emotionally unsafe and unseen when supervision included aspects of being judged.

Supervisors offered examples in which they passed judgment or made a negative attribution of a supervisee following a relational rupture. One supervisor described the following: “sometimes I saw things that were absolutely terrible. And then when I tried to talk about the things that were terrible, it – I would almost call it a fight. It just did not go well.” Other supervisors described supervisees “getting defensive” during moments of feedback, and noticing that their supervisees were jarred by the experience of receiving certain feedback. Some supervisors expressed difficulty in not experiencing moments of judgment, as one supervisor described, “But again, at the end of the day, it’s hard for me to really be able to not put judgment there.”

In this manner, though they could see the negative emotional consequences, some supervisors struggled in knowing how to avoid the deleterious aspects of judgment within supervision.

**Emotional Responses.** Supervisees often described negative emotional experiences within unsafe supervisory relationships, including feeling shamed, hurt, and patronized by their supervisors. As one supervisee expressed “I was shocked and I felt insulted... I had a mix between anger and shame.” Other supervisees described exploring possible explanations and intentions behind supervisors offering hurtful feedback, as in the following example:

I thought it was pejorative. I don’t know that she saw it that way – or if it was a push to make me think. I never got a sense that it was intended that way but it’s like, “I didn’t intend to shoot you but the bullet’s in you”.

In this way supervisees described being hurt and judged, acknowledging that despite there not being an intent to hurt, the negative emotions were still present.

Another important aspect of negative emotional experiences that was emphasized was having a supervisor “patronize” the supervisee. As one supervisee described, “And maybe it is connected into how she is when she’s wanting to provide holding, or show empathy, but for me it just doesn’t feel real.” In this way, disingenuous empathy was highlighted by supervisees as a marker for unsafe supervision, and would cause further disengagement from supervisees. One participant stated,

I was mad. And I remember the next time we came in for supervision and she asked, “well let’s hear about your case.” I said, “I really don’t want to talk about my case.”

Which – I know better – being at supervision. But it was like “I just don’t even want to talk to you.” You know. “I find you dismissive. I find you patronizing”.

Supervisors were able to note moments in which supervisees experienced these types of negative emotional responses. One supervisor reflected on his experience of negatively impacting a supervisee stating,

...It was difficult. She was very hurt and very angry. And I of course felt – you know, I was questioning my decision. And I felt bad about the impact on her. I knew that already she was struggling, and I felt that my decision had exacerbated – you know, I had been one safe place she had to kind of talk about her experience.

Moments in which the negative emotional consequences were noticed by the supervisor sometimes were resolved through repair; these will be discussed at length in future sections.

**Lack of Trust.** In the absence of trust, supervisees reflected that they struggled to feel at ease or fully participate in supervision. As described by one supervisee,

It's a must. If I don't trust you--if the supervisee doesn't trust a supervisor-- that's not going to work. That's absolutely not going to work--at least from where I'm sitting. If I don't trust you enough to tell you the details or to be able to explore what I think is going on--what my diagnosis is, without you dismissing me this isn't going to happen and what is the point?

Supervisees were able to recognize trust as a critical component of the supervision process, and a lack of trust as being connected to a sense of emotional discomfort. One supervisee described a dynamic with her supervisor, "I didn't feel that trust. And I didn't feel comfortable in the room with her." In this manner, a lack of trust was a felt experience that impacted the emotional tenor of supervision, and lead supervisees towards more foreclosed ways of engaging.

Past experiences of supervision were impactful of the ways that supervisees anticipated whether or not they could trust future supervisors. As one supervisee expressed, his early experiences in supervision were difficult,

I can think of a time where this kid was just assaulting me and I was kind of left to my own devices and after it was over and everything was done I was just crying – crying,

crying – and the supervisor who was working at that moment was just kind of like, “we need you back on the floor. Can you come out of the bathroom?” It was very disconfirming. Like, it doesn’t matter what you are feeling, it doesn’t matter what your emotions are you need to suck it up and go back to work.

This supervisee then described future supervisory relationships in which he would refrain from trusting supervisors with information, including not disclosing when he disagreed with their assertions. He explained,

I mean, it was like initial, it was like, right away, “I’m not going to do this, it’s ridiculous.” And so, my thought process was, this is just bad advice, but it doesn’t matter because he’s never going to follow up... He never did that. So, I also knew that there wouldn’t be any consequences if I didn’t follow through on it. And so, my initial thought, I was, “This is ridiculous, I’m not going to do this, but it’s fine because we’ll never have to talk about it again”.

The negative impact of past difficult supervisory experiences continued to shape future supervisory relationships for supervisees, particularly in regards to trusting supervisors.

Other supervisees expressed their concerns regarding trust of supervisors when it came to particular themes within supervision. The theme of theoretical orientation being handed down by supervisors without consideration of the supervisees’ theoretical orientation was conceptualized as an issue of trust. As one supervisee said,

And then another part of it was that it was exhausting just to hear her re-conceptualize my clients from an ACT perspective. And her kind of being like, “But you can do this,” and it was ACT. “Or you can do this,” and it was CBT. “Yes, but that’s not my approach.”

And not that I wasn't open to doing that it was just, I didn't really trust her. I didn't really trust her clinical voice in it because it was so redundant.

Another supervisee described this phenomenon in this manner:

I think the clinical piece I feel protective of is because I don't want to practice in a way that I feel that she practices. And the way that I hear her instructing us to be in the room with clients feels misaligned from my values.

In this way, having supervisors push a particular theoretical lens without consideration for their supervisees' perspective on that framework was interpreted as a lack of trust and understanding by some supervisees.

**Coping Strategies.** Supervisees described methods of protecting themselves and responding to supervisory relationships in which they felt unsafe. One strategy described by several supervisees was nondisclosure. Nondisclosure could express itself in a number of ways. Some of these ways included focusing upon procedural, non-emotive content, like paperwork, avoidance of discussion of a client all together, or lying. As described by one supervisee,

Well. I never talked about that client. And then for months I was just not talking at all about any other client. Because I was like, I'd rather just be invisible than saying something like that. You know? And even with my check-ins--my check-ins also got shorter because I'm not comfortable. This is obviously not a safe space. So I'd be like, "Oh, I pass." So for months I'd be like, "Ehh pass--I'm fine."

These decisions to not disclose were described as directly related to their experience of feeling unsafe, as well as feeling "silenced" by supervisors. As another supervisee recalled,



I just ate it. I ate all of the uncomfortable--because, I could not talk about it with her. I definitely did not use that language at the time, and even now saying that I felt ‘silenced’ feels kind of dramatic maybe, but I don’t know. I think I must have felt that way. For me just to be like, “I’m just going to shovel that in. There’s 10 more minutes. I can get through this.” That’s kind of what it felt like.

Supervisees described this non-disclosure of clinical material as necessary for their emotional wellbeing, however they understood that this was at the expense of learning opportunities for them within supervision. A supervisee described it as follows, “I think a lot of opportunities were lost – teaching opportunities were lost then – and I lost a lot of respect for the supervisor at that point in time.” Another supervisee described the connection between a lack of repair, and the ongoing deterioration of her ability to learn after feeling emotionally unsafe with her supervisor. She expressed,

So, it was the worst. Not only because of that moment and what that was – because you know, like I said, it was over and then we never talked about it again – but because of all those supervision hours that – I mean, I don’t want to say I lost them.... but I didn’t make the best out of it. Not even a little bit.

Many supervisees described feeling the loss of opportunities to learn compounded the heightened level of distress associated with a strained or emotionally unsafe experience with a supervisor.

**Emotional Vulnerability.** Themes related to vulnerability were far-reaching and diverse. Every supervisee described experiencing vulnerability at some point in their supervision history. Each of the supervisors recognized emotional vulnerability as often accompanying supervision. Supervisors tended to view emotional vulnerability as a potentially positive and

generative experience and actively sought to cultivate and amplify these experiences in their supervisees.

Supervisors recognized that emotional safety was an important aspect of allowing supervisees to open up and be vulnerable within supervision. One supervisor discussed fostering vulnerability through setting up expectations that would allow people to share their successes and failures. She explained,

(...) there isn't the expectation for people to know everything [the] hope [is] that supervision is a time where people can ask questions and to say, "It's okay to make mistakes. We all are learning." And to hopefully hold a place where it's not shameful to talk about the questions of, "Did I do this right?" Or, "I think I made a mistake."

This supervisor galvanized emotional vulnerability to foster an environment that supported taking risks in this manner. Some supervisors expressed their understanding that a lack of emotional safety, and as a consequence a lack of emotional vulnerability, impedes growth and also has the potential of impacting clients negatively. As one supervisor expressed,

I think they need to feel trust and to feel safe to consult. And when they don't feel like they can, that's also when clients are impacted. So, it's not even just about my supervisees' well-being. I feel like everybody in the system, and also ultimately clients, get impacted when supervisees don't feel like they have a place to explore their feelings, and what's coming up for them, and their questions, or to feel like they can take risks from what we talk about in supervision and to take it out there with clients and try something new. And so I feel like that safety piece is critical.

The components of emotional safety were here seen as a critical element in supervision's function of protecting clients and fostering growth in clinicians.

**Personal Sharing.** Supervisors also talked about vulnerability within supervision as an expression of experiences in their personal lives and through their identities. One supervisor in particular discussed her decision to connect with her supervisee through sharing personal details about a lost pregnancy:

It was an intern who had lost her pregnancy. I'd lost a pregnancy. And we decided to talk about it...it was having – not a big impact on clinical work but just this kind of feeling that was coming to work with them. And I went ahead and self-disclosed that it was a shared experience. So it was another place where we were talking about that. That meeting place of family and work and how hard that can be.

In situations where vulnerability was expressed, supervisors discussed how it contributed to a sense of mutual trust and deepened the relationship. In this way, this process of being vulnerable fostered emotional safety within the supervisory relationship. Supervisees recognized how a sense of shared vulnerability contributed to the richness of work in supervision. A supervisee reflected,

I think my best supervisory moments have been when I've brought my vulnerability and engaged from that place. And I think about this other supervisor... and how she brought some vulnerability just in I think her willingness to feel with me. And that always felt supportive.

Compassion and empathy within supervision were experienced by supervisees as permission to bring their own emotions into supervision, as well as to discuss important aspects of clinical work that were emotional and difficult. The following supervisee explained,

She disclosed, and it was still very new, very fresh. And it wasn't everything--it wasn't a lot--but it was enough for me to feel like, Okay, this is someone I could talk to in the future, if I'm ever stressed out about a client. She'll be gentle. I trust that.

Here, vulnerability on the part of the supervisor was interpreted as a positive aspect to building a supervisory relationship that lead to further disclosure by the supervisee.

Supervisors articulated the importance of maintaining boundaries when expressing vulnerability during supervision. As one supervisor shared,

I like to think of myself as transparent, but also I'm judiciously transparent. And if there's not a clinical utility for my being honest, just, you know--unfiltered, then I'm going to question, "Why would I share that?"

Disclosure and vulnerability were typically balanced by supervisors in this manner to buttress the emotional safety of the supervisee and to protect the overall well-being of the supervisory relationship.

**Invulnerability.** There was a minority of supervisees that discussed remaining unconvinced when it came to being vulnerable within the supervisory setting. As one described, "I think I would prefer not to be vulnerable but sometimes, you just have to be. So, I don't like that." This supervisee discussed his lack of vulnerability as a protective strategy, which was mirrored by other supervisees that were interviewed. A supervisee illustrated, "With this current supervisor, one-on-one, I don't necessarily bring as much of myself. So I guess I am holding back, but it feels self-protective in some ways." Struggles in engaging with vulnerability were often connected to narratives of emotional lack of safety, self-protection, or a fear of punishment or exposure.

Some supervisees that had experienced emotionally negative supervisory relationships, still continued to show certain levels of emotional vulnerability if the supervisory relationship was safe enough. As one supervisee described,

I think when I have felt supported and heard and seen, there's no problem at all. And in situations where I don't feel safe, or I feel like that vulnerability will be taken advantage of, or exploited, I'm very factual and like, "Let's just talk about clients, talk about interventions," and there's very little process-oriented work that's happening--which is unfortunate for me but I need to feel that safety.

Some supervisees are resilient in this manner and can adjust their level of engagement depending upon the strength and safety of the relationship.

**Rupture and repair.** Supervisors and supervisees noted that the process of repairing ruptures was integrally connected to the capacity for vulnerability to be accessed after a rupture. One supervisor explained, "For the most part, ruptures are not inevitably damaging. They're inevitable. But they're not inevitably damaging – or indefinitely damaging." Both supervisees and supervisors described ways that they were impacted by ruptures and what followed. In cases where a rupture was addressed and repaired, it often deepened the relationship. In those instances where a rupture was not addressed, the tendency was for it to cement negative attributions, which were hard to dislodge, until the rupture was properly addressed. One supervisor described an experience of not following up after he felt the relational disconnect between himself and a supervisee, "And I realized, later, that it wasn't quite right. But again, often times when we make mistakes, we may or may not actually follow up on that, whether it's conscious or not."

Supervisees reported feeling appreciative when supervisors took responsibility for their contribution to relational ruptures. One supervisee recalled,

I think it felt reparative. I mean for my supervisor to acknowledge like, “Oops. I didn’t think far enough ahead. I should have thought farther ahead. We should have anticipated this.” So it did. There was an acknowledgement there.

Another supervisee also reflected upon how meaningful it was when her supervisor returned the next session ready to explore with her and take responsibility:

And that felt good. It felt good that he’d taken that ownership and realized that it was his stuff coming up in our supervision, and that he trusted what I was doing, and that I stood my ground in where I was at.

Supervisors also recognized this important process, and its strength in improving the work between themselves and their supervisees. As one stated: “we were able to get back to a state of working together, that we had achieved before, and actually it was probably a deeper, more committed, more engaged supervisory relationship that took some time to return, but we did.”

**Unrepaired Ruptures.** The experience of unrepaired ruptures significantly impacted the health of relationships between supervisors and supervisees. One supervisee discussed her personal response to an unresolved rupture,

I no longer felt comfortable when talking to her. I could no longer be vulnerable with her. Because I had those feelings about her that I couldn’t shake. So after that, supervision became a little disingenuous for me. I wasn’t able to talk to her about anything, because I didn’t feel like she was a safe person.

Another supervisee expressed that the unrepaired rupture impacted their overall ability to discuss the supervisory relationship openly with one another. She recalled,

I think that really hindered my supervision that we just couldn't talk about our own relationship with each other...she named what our relationship would be, it'd be "collaborative." But it was such a contradiction, because she took control of the whole thing, anyways.

A supervisor recalled being unable to repair a rupture with a supervisee. He shared,

I remember just that frustration, because it just called into question what our relationship was, at that time. And it's almost like we had to work on it from there on, in terms of issues around trust...trust is hard to gain and easy to lose. So it definitely had a negative, long-lasting effect.

The impact of this rupture resulted in a deterioration of trust and a subsequent absence of openness within the relationship.

## Growth and Learning Processes

Table 2. *Primary, secondary, tertiary, and quaternary themes of Growth and Learning Processes*

Primary Theme	Secondary Themes	Tertiary Themes	Quaternary Themes
Growth and Learning Processes	Development	Unique and individual developmental processes Critical thinking Creativity and development Interpersonal development Self-confidence and competence Development through challenge Changing roles and relationships Termination  Past work and supervision experiences of supervisees Supervisor's experience as supervisee  Developmental impact of supervisees on supervisors Barriers to development	Perfectionism Rigidity Not being challenged Unrepaired rupture Systems interrupting learning
	Mentorship	Ethnicity Gender LGBTQ+ identities Socioeconomic class Motherhood Projections and lack of mentorship Ally identity	
	Accompaniment through client suicide or death	Lack of support through crisis Support through crisis Balancing self-care with professional responsibilities	

The second primary theme involved growth and learning processes. Growth and learning processes were identified as a significant dynamic in the supervisor-supervisee relationship as it is the intended nature of the relationship itself: that the supervisee may grow and learn within the supervision experience. One supervisor expressed,

What I appreciate is, over time, having the privilege to watch them grow into that sense of confidence and knowing. And to see a reflection of their ability in the work that they did with clients, and to hear their stories.

Another supervisor expressed the theme of development in the following way,

[In] the last few months, seeing her in supervision, it's like she's just taken off. It's like she's found her roots, she has a position, a place in the world. And you could just hear it in her voice, in her presence, the way she sits in the room. She's in her groove now, and it's the best place that I've ever seen her.

Narratives that corresponded to the Growth and Learning theme fell within three major categories: Development, Mentorship, and Accompaniment through Client Suicide and Death.

**Development.** The developmental process that participants discussed included various experiences, which required subthemes within Development to capture and honor the lived experience of participants. The stories of participants were divided into the following subthemes: Development as a Unique and Individual Process, Development of Critical Thinking, Creativity and Development, Interpersonal Development, Sense of Self-Confidence and Competence, Development through Challenge, Changing Roles and Relationships, Termination, Past work and Supervision Experiences of Supervisees, Supervisors' Experiences as a Supervisee, Developmental Impact of Supervisees on Supervision, and Barriers to



Development. Narratives within each of these themes, as well as the ways in which the themes were shaped by both the supervisor and supervisee will be explored below.

**Development as a unique and individual process.** Many supervisors interviewed appreciated the diversity of ways that development occurred within their supervisees. One supervisor however, described development as happening “like clockwork.” While this supervisor did not specify a particular developmental theory, she reflected the views of multiple supervisors that related a sense of awareness regarding witnessing developmental processes. Supervisors seemed to pull from their personal experiences in their past work or past supervisory relationships when they would identify impactful developmental moments. For example, one supervisor felt strongly that supervisees’ development could be negatively impacted through working too early on in their clinical development within their own communities. She explained witnessing her colleagues suffer when she worked as a non-group member at a culturally centered agency. “...there was a different level of—it’s not counter-transference--I think it’s empathy. To see their own community at you know--just the lowest, the most desperate places in their own community. It’s hard.” She explained how she transfers this understanding in her own supervision with supervisees who wish to work in their own communities early on in their development. She explained,

I really encourage people not to serve in their direct community especially when you're first learning...go back maybe later when you have some more personal empathy for yourself and some level of distance in being able to differentiate.

However, not all supervisors felt that development occurred within the paradigm of a predictable arc. One supervisor stated,

I think the developmental arc is definitely there, but for some people it follows the developmental arc and then for others...Almost, I guess, the arc and then some. I'm thinking like--butterfly...all of a sudden, you give them that space and the rest--it's just like a catalyst.

Supervisees discussed responding to their supervisor's conceptions of their developmental trajectories. For example, a supervisee expressed displeasure at being conceptualized developmentally by her supervisor, characterizing it as "patronizing." She reported,

Patronizing. I mean the way it shows up is like, "Oh, that was really *hard*." Sort of in the tone of voice--the look... Maybe disingenuous is the word.... the way she holds it is—"You are just learning and you have so much to learn and here's the right answer."

Supervisees discussed feeling misunderstood, or having their unique circumstances overlooked when they were supervised within a didactic approach that did not recognize their unique developmental trajectory. Conversely, another early career clinician in supervision described feeling the need for her developmental place to be identified, recognized and responded to by her supervisor, after she began a private practice. "I feel like I'm really new and raw, and needing some hand-holding. And I just am so aware of my vulnerability... and I'm not getting the gentleness that I really enjoyed in other places." This supervisee felt she was expected to need and want less direct help in developing her practice, while in the prior example, the supervisee was hoping for less concrete engagement and more "process oriented" supervision.

**Development of critical thinking.** A theme that both supervisees and supervisors discussed regarding the development of clinical skills was that of the development of critical thinking skills within the supervisee. One supervisee described a process in which the supervisor supported him clarifying his own conclusions about clinical work. "I think the most significant

things for me have been being able to present clients that I'm having difficulty with and then...kind of in the process of talking through that, come up with my own answers, almost.” Other supervisees described these critical thinking skills as the process of finding their voice as clinicians; as one supervisee described, “What is significant about that is that was the first time that I heard my clinical voice... I felt like I stepped into that. And it was like ‘Oh! Oh, I get it!’ This is what this is.” Finding the capacity to engage in critical thinking and discover their personal style, as a clinician was a common theme among supervisees when discussing significant experiences within supervision.

Supervisors also highlighted this, and described ways that they encouraged and helped supervisees to further cultivate critical thinking skills. This supervisor discussed her commitment not to providing direct answers even when specifically requested:

(...) there certainly can be those times of like, “What would you do?” I try not to answer those questions directly in therapy, or in supervision, because I feel like that can be kind of automatic. But the working through the question or the problem would be more my aim.

Another supervisor described the implicit value in developing critical skills in clinicians: If you're able to work through something--if you have a process to get through and to come up with some form of resolution--that's a lot better than being able to say, “Well, I have a rolodex of ideas that I have memorized, and I think this one seems like it's the closest.”

In both groups supervisors and supervisees, the role of critical thinking and the development of a personal style were connected to their understanding of the developmental processes that occurred within supervision.

Critical thinking skills were identified as necessary as supervisees developed the capacity to take risks and make developmental leaps. Several supervisors emphasized the significance of their role therein and described witnessing their supervisees make inevitable missteps and fumbles in their clinical engagement and case conceptualization with clients. One supervisor reflected,

I think some of the most rewarding ones are ones where trainees start off; maybe less confident, less self-assured about who they are as a therapist or how to integrate who they are into their work. And then by the end of the year, or end of two years, for intern and post doc, they're a transformed person. Not different, but there is a transformation that happens.

Supervisees also discussed the significance of having their supervisors articulate this for them. One supervisee recounted her supervisor's assurance that it was appropriate for her to make mistakes. She explained that he said,

"Everyone aspires to be great. Everyone aspires to be a great therapist and to make meaningful changes with their clients. Of course, that's what we're supposed to be doing. But when you set the bar unrealistically high--especially when you're starting out and you're a novice therapist, you're going to perpetually feel like a failure, because you're going to need to grow into those shoes. You're going to need to grow into those experiences... Because when you're starting out and you're a novice, you're going to make some mistakes and you're supposed to make those mistakes because they're a part of the learning process."

Critical thinking was recognized as essential in establishing the development of a personal voice as a therapist and facilitated the working through of problems as supervisees stretched their clinical skills through various foibles and triumphs in learning.

**Creativity and development.** Some of the participants discussed the role creativity had in teaching and learning. One supervisee discussed an experience in a group supervision session in which her supervisor played a song to help her access understanding about internalized oppression she experienced in regards to her sexual identity:

He did a lot of work with me around my sexual orientation and this desire to pass and also be queer enough and how that affected me as a therapist. He played a song about a woman who was in a queer relationship that was really invisible to the rest of the world. And I just remember bawling. It makes me sad just to think of it--or not sad but makes me emotional--just to think about it now. (Becoming tearful) And I felt so understood and seen by him. And it was somehow so much more impacting than him saying something. You know? It was this gift. He brought me this thing and that reflected me.

The supervisee expressed how creativity in supervision added depth to her sense of feeling seen and understood.

Other supervisors discussed ways creativity in supervision increased supervisees' understanding of clinical dynamics. A supervisor described how she introduced doll making as a way for her supervisee to process her perception of the failures of a psychiatric hospital setting she worked at to adequately prevent a client from killing herself. She recalled, "The supervisee that experienced that suicide—we ended up making a doll that generally represented the kind of

broken baby that was the institution.” Other art making was utilized to help develop greater empathy and understanding within a supervisee in regards to the client she was working with:

And so, the client draws very small. So, I encouraged the clinician in here to draw very small and she couldn't do it. And she ended up drawing off the page. But that's okay and we just talked about that. That the client, in order to maintain this factitious disorder, can only show you about this much because then you start to lose it. And the clients' and the supervisees' own tension about, like, “How long can this possibly go on?”

One supervisor discussed using process painting every group supervision session in order to offer a space for insight to emerge for her supervisees. She shared,

And the way I think of it is it's a way for supervisees—clinicians--to learn to trust their own intuition. There's all these, I feel like, metaphors that happen in terms of trusting the process, kind of the layers of that--because we work on the same canvas for a year plus. And so there's an idea of “letting go”, “not being attached to outcome,”--all those things I think that inform the clinical practice.

Supervisors discussed their awareness of creativity as a tool for teaching supervisees and engaging in deeper connection to themselves, to clients, and to supervision.

**Interpersonal development.** Supervisees and supervisors discussed development within the realm of understanding psychotherapy as interpersonal. One supervisee recalled an impactful engagement with a clinical social worker in her graduate program,

He said one of the wisest things to me, which I take to this day. He said, “Look for very narrow interventions-- as narrow as they can be.” And that that is a part of developing yourself, using yourself, being in this context. And the next time I had an interaction with a client...I remembered what he'd said. That was when things started to shift.

This experience was echoed by another supervisee, whose supervisor also suggested she begin with foundational goals in her clinical work. She recalled, “And so just changing my frame in that way, I think, gave me way more real estate to better understand the process from the bottom up, as opposed to trying to understand it from the top-down.” Supervisees discussed learning moments that were pivotal for them as they gained insight into ways to enter into clinical practice with others.

Personal insight into emotional responses to clients was also highlighted as a point of development in interpersonal understanding. One supervisee expressed the following about a challenging relational dynamic with a client in which she was struggling with self-doubt,

And I would lie in bed and I’d think about her. I would wake up in the morning thinking, “Oh! I have to see her this morning. I don’t want to go to work.” It stuck with me in a different way. And Mira, my supervisor just let me really process that.

Learning the interpersonal and relational components of therapy was highlighted as important to the development of clinicians, and to the trust between supervisor and supervisee. Identity contributed to learning as well. As one supervisee of color described,

...he really shared a lot about his own experiences bringing himself into the room. And that as a man of color, that he really needed to do that with a lot of its clients of color because if he was a complete blank slate, then none of his clients would really follow suit--especially his clients of color. So, that was the beginnings of me really developing a comfort being myself in therapy.

Interpersonal dynamics that were taught within supervision were described as important milestones in the development of clinicians, and contributed to their ability to feel confident in their identities as therapists.

**Sense of self-confidence and competence.** Some of the participants described developing a sense of self-confidence as a critical juncture in becoming a clinician. Part of their process sometimes included having faith in the affirmation of competence that the supervisor provided. One supervisee explained, “I feel like I just don’t want to disappoint her because I feel like she does have a lot of faith in my abilities.” Supervisors described this initial discomfort in supervisees as normal, and connected to the development that was ahead. One supervisor described it as follows:

...and her feeling like, “I have nothing to offer clients and who am I to even be sitting across with somebody saying I’ll help them? Like, I’m such an imposter!” And feeling like she has no skills and doesn’t know what she wants to do next and to just slowly, surely--seeing them gain more confidence, and take more risks, and take more leaps and then really—just flying, soaring, at the end. Having a clinical voice--having that clinical identity.

Supervisors recounted many narratives like the one described above, in which, a sense of development was aligned with a sense of self-confidence. The supervisor would serve as a container for the development of clinical skills while the supervisee balanced learning interventions with their capacity to feel they could be therapeutic for their clients. As one supervisee expressed, “I feel like I’m learning with the client, even though I have certain skills to create a safe space for them. She’s [the supervisor] been in the movement for many years and so I look to her for wisdom.” Supervisees alluded to this confidence as a matter of finding their personal clinical voice and their ability to think critically when engaged in clinical work. Self-confidence was developed within supervision, and was also understood to be an important area of growth that developed as supervision progressed and new skills were acquired.



**Development through challenge.** Other participants discussed how challenges within supervision could elicit growth and development. Some supervisees reflected upon what it was like to have a supervisor correct them. This supervisee described being told he was inappropriate during a group supervision session by being too aggressive in his critique of another trainee. He described how the experience helped him cultivate greater self-awareness,

One of the very difficult parts of the education for me was shifting from a place of competence and professional success--being the one with the answers--to shift to a place where I was asking the questions and my job was to find ways to answer those questions. It was a very difficult paradigm shift for me and I butted up against that for the first number of years, and I still find myself, from time to time, butting up against that.(...) My understanding of our paradigm is that we're there to help someone solve their own problems, not to unilaterally problem-solve, but more collaboratively problem solve. (...) So that was where I needed to grow.

A supervisor discussed giving challenging feedback to one of her supervisees. She relayed how it was initially difficult for them both due to her developmental place surrounding giving hard feedback and his in hearing it,

The [supervisee] felt a little defensive. So it was jarring for him, clearly, or else he wouldn't have been defensive. So my delivery might have been a little bit off. But also I got anxious because I could tell he was defensive, and it was like hitting something that felt a little sensitive. And sometimes when I'm trying to give a critical feedback, in my ideal world...I'd just be like, "Listen, this, this and this--needs work and that's fine. We'll work on it together. But it was like, "Eeeh.... I'm sorry to tell you this, but this--you need to--." It was overly apologetic, and I think – well, it was pussyfooting! And so I

think together we got a little thing going where I got anxious and he got anxious, and I think it took a couple of meetings to feel like we were on steady footing again.

Relational ruptures like this one were typical of challenges encountered within supervisory relationships. A supervisor described working with a supervisee who disclosed romantic counter-transference towards him; he described his decision to utilize the emotional disharmony that accompanied his holding ethical boundaries to help her to grow:

She was disappointed. She experienced me as withholding, initially. But I think what was valuable for her, ultimately, was that I held my position in a compassionate way with her; that I wasn't shaming of her for having those feelings. I mean, she may have felt rejected, in part, but I was very much saying "Let's do the work. Let's work this through. And let's make this a learning experience for you. So that when it comes up, as it inevitably will in your practice, you'll be better equipped to deal with it."

The supervisor saw the opportunity for growth within the difficult relational interaction, and used the moment to further the supervisee's growth.

Supervisees also described significant experiences in working through relational ruptures as a part of their growth and developmental processes. One supervisee described her feelings after challenging a supervisor who she felt was being dismissive of her therapeutic framework in her work with a client. She stated,

It felt good that he'd taken that ownership and realized that it was his stuff coming up in our supervision, and that he trusted what I was doing, and that I stood my ground in where I was at. And that felt like a new thing for me.

This supervisee had an opportunity to assert herself in a new way allowed her to establish her clinical voice within supervision within the context of a healthy supervisory relationship.

**Changing roles and relationships.** One of the unique aspects of training relationships is that in a relatively short amount of time, the development that occurs causes the orientation and positionality of the two individuals to shift. Some supervisors discussed the complexity of this arrangement, including one supervisor who struggled to balance all of the implicit relational nuances:

We're peers and we're not peers all at the same time, and it can be really hard, I think, for supervisors to decide, "When do I want to treat you like a colleague?" "When should I?" is maybe a better way of putting it. "When should I treat you like a colleague? When should I treat you like somebody I have to evaluate? When is it us just being two human beings who had human experiences? And when is it me trying to foster your growth?" And those decisions did sometimes feel hard for me.

Among the supervisors interviewed, the desire to see the supervisee, as a colleague was an integral part of their discussions regarding development. This supervisor discussed her hope that her supervisees would not only one day join her as colleagues but that they might one day surpass her in the profession:

What I hope for is that they launch into their professional career and they might outpace me. They may rise above me. You know? They'll go into private practice. They may speak nationally. I mean, there are all these things that might happen.

Many supervisory relationships did transition into generative and collegial relationships and friendships. A supervisor commented, "After all this I have two friends that have emerged after years of being done with supervision. They've kind of orbited back into my life and we've developed friendships. And one in particular, I'm very good friends with." Another observed,

“With certain people, surprisingly, this great depth of friendship develops. It lasts beyond supervisory relationship and it’s more watching their careers grow over time.”

Some supervisors related concern regarding reluctance on the part of their former supervisees to shift their orientation or interaction style with them long after the supervision relationship had been dissolved. One supervisor commented, “I’ve really noticed, some people can switch those roles. Some people can’t.” She relayed,

I’m also shocked that people will approach me, both as a teacher, or in a supervisor role, having had no contact with me in years and expect me--so their view is very parental to me--They expect me to pick up where we last saw each other. I’m like, “You have to be kidding!” Or, “Oh my God. I’m so sorry. Yes, we spent several wonderful hours together but that was five years ago.”

This supervisor expressed concern regarding the difficulty for supervisees to transition into colleagues in the field, however more numerous were the stories of ongoing collegial relationships that followed after supervision was terminated.

**Termination.** Termination was highlighted almost exclusively by the supervisors when the topic of development was discussed. Supervisors spoke of being impacted by the collective experience of their individual supervisory relationships. They highlighted a deep sense of caring and investment in individuals they worked with. One supervisor became emotional as she explained, “I love them...I think I’m just getting tearful because I’m just thinking of all the supervisees, and how much I miss all of them.” Another supervisor exclaimed,

Gosh, I feel like in some ways it’s the collective experience that comes to mind, which is not to diminish the impact of working with individuals, but the respect that I feel, sitting

here now and reflecting, upon what an honor it is to be supporting clinicians in their stages of development.

The topic of the overall development that occurred during supervision was woven into the narratives of termination and ending the supervisory relationship. This supervisor described his approach to supervision and characterized it as an opportunity for reminiscence and reflection:

Part of how I finish often is to reminisce about who they were when they started and how they're different when they leave. Those stories are always very... I don't know- they're really cool. People have this way of growing in nine months into a kind of clinician that they weren't when they came and tend to feel really good about that and that's a good thing. It's a really good thing.

He expressed his own developmental process in coping with the emotional attachment that sometimes made terminations difficult for him personally,

Well, the goodbyes are always hard. A lot of attachment and a lot of investment sometimes in someone's career (...) I remember most goodbyes, you know. The ending of what can be such a beautiful, wonderful relationship. And then it's not, you know it's like it's there, it's there, it's there, and then it's gone. (...) Oh, you can get used to it. I'm far better at it now than I used to be. I used to think, it was rather terrible when they go. 'This isn't right. You're so close to somebody and then (claps hands together one time) (...) you're not in their life any more.

A further supervisor discussed her sadness in initiating an early termination due to a job transition:

(...) there's a commitment I think that gets made in saying, beautiful, wonderful relationship Yes" to supervising, and so for that to change, I think, was also hard. That letting go...that was a really hard moment as a supervisor to say, "This is changing and I'm sorry."

A supervisee also discussed an unexpected termination as a significant experience for her. She expressed grief at the lost opportunity for further mentorship from a supervisor she had become close to, due in part to shared identities as women of color, as well as a shared identity as new mothers. She reflected,

It was really hard for me when she left because no one that I got after that took that [her pregnancy] into account, at all. In fact, it was quite the opposite. But for a moment, it was just amazing and she was very magical and very story and everything that I was looking to get from someone, she already was. She had this presence, this wisdom and just seemed to me like a perfect fit.

While not many supervisees discussed termination, supervisors spoke at length about the emotional significance of these events when describing significant supervisory experiences.

**Supervisors' experiences as a supervisee.** Supervisors referenced impactful, early experiences, which were influential in their development in their roles as supervisors and as clinicians. Their stories implicated the manner in which old supervision relationships shaped and molded the practices that they engaged in once they took on the role of supervisor. One supervisor recalled an experience he found shaming in a way that continues to influence him. He recalled,

I walked in, and she looked up and she said, “You’re late.” You know? There was no more than five of us in the room, but here I am, I’m a brand new employee, and I’m being called out. And, I have to admit--it did help. But I still hold it against her.

Upon further reflection, this supervisor also related his current anxiety that if he were to be similarly perfunctory or direct in addressing tardiness among his supervisees, he would lose their respect and that they would no longer learn from him in regards to other domains. He expressed the following:

I think there is something about it where I don’t want there to be something between the two of us in which they maybe think a little less of me or have a little bit less respect. Again, because I’m trying to be the model here, and if I don’t have a strong sense of respect from them, then it’s hard for me to imagine how much of what I am trying to share with them, or work with them on is going to be absorbed.

In this example, a negative experience in supervision influenced and shaped his future practices as a supervisor in regards to his willingness to make direct requests for timeliness, and also regarding his overall confidence that he would be able to maintain respect in supervisory relationships should he make this type of feedback more directly.

Several female participants discussed early experiences of being told that they are too vulnerable in their engagement with clinical work or in their personal relationships. One supervisor recalled a mentor expressing concern that she was too vulnerable in her clinical engagement:

I had, actually, a supervisor of my own that said, “You bring so much of yourself into the room that you sort of set yourself up for heartache, in a way” because, I’m not very good at kind of keeping that arm’s length. And of course, ethical boundaries and all that in

place, but I do bring a lot of me into the room and I welcome that with my supervisees. That's the way I know how to work with people. And so, I trust that they know how to do that too. Or can learn, or sort through that in our work together.

As a supervisor and therapist, this participant ultimately came to rely on that aspect of herself as a strength, and worked with intention to make it an accessible skill for her trainees.

Another supervisor discussed early experiences she had in abusive systems, which later prompted her to create a more equitable and supportive work culture in her own organization. She explained,

And so, knowing what that experience was like for me, I don't ever want anyone to feel like that's how we treat each other in this community. And in that way, it feels familial. We treat each other with respect in this group. We honor one another, we value one another, we take care of one another.

The intersection of supervision and systems was examined by this supervisor, and she made decisions regarding her identity as a supervisor in order to create more “familial” environments for her own supervisees.

The development and change that supervisors noted as being connected to historic supervisory experiences was also echoed by some of the supervisees that were beginning to transition into the role of supervisor. They also noted ways that their early experiences offered insight into their new roles.

Well, I think the big thing for me now is I am now a supervisor...And so all my supervision is being brought into my experience now of being a supervisor. Like, things that I like, things that I didn't like. And I think what I'm learning...is the things that I



like, aren't necessarily the things that they like. You know? So it really is a personal [thing.]

This supervisee was commenting upon the diversity of needs and interests collectively situated among supervisees, and his experience of these unique and diverse needs even within his work as a new supervisor.

**Past work and supervision experiences of supervisees.** Supervisees and supervisors both recognized the importance of past life experience within the supervisory relationship. These experiences were both negative and positive, and shaped the manner in which the training process, and the supervisory relationship, unfolded. Some supervisees stressed the importance of wishing these past experiences to be recognized, whilst some supervisors had ambivalence in regards to how to include these past experiences into the present clinical development of their supervisees.

Many of the supervisees commenced their training with past job experience or careers. These experiences were identified as significant as they worked to take on new skill sets and roles in their emerging identities as clinicians. One supervisee who had had a career in another profession for 30 years prior to starting his training as a psychologist noted, "I was coming into a situation as a student, as a novice, but not really as a student or novice in life." Another supervisee discussed ways that the respect she had received at a prior work setting from her managers had informed her later assessments of what she was capable of in a supportive environment as a clinician. She reflected, "I would work harder, because I was really respected. And I could have a bad day and make a horrible mistake, and I would still be a valuable part of the team." Supervisees considered their growth and learning as having begun

before their clinical training or supervisory relationships initiated, and these past experiences contained both negative and positive memories.

Another supervisee who had jobs in psychiatric residential programs prior to beginning his training discussed the sense of apathy he encountered in his previous supervisors and colleagues. “So, at that job--at the residential job--it’s like, I went to the supervisor. I expressed my concerns. Nothing happened--so I didn’t do it again.” This supervisee cultivated a high level of trust in himself, rather than in those that supervised him. This was a way to remain intact when clinical supervisors suggested he do something he thought was wrong or unethical which he maintains today. “I shrug it off. And it’s also a wall that goes up and says, ‘Don’t argue, stay below the radar,’ and ‘you know you are not going to do that.’” This supervisee’s past experiences were integral to him surviving his past negative supervisory experiences, and they continued to inform his supervisory relationships years later.

Some supervisors had observations, which were divergent from supervisees about the relative value of prior work experience in learning to be clinicians. For example, this supervisor offered that age is a factor in reviewing applicants due to the perception she shares with some graduate programs that with age comes inflexibility. She reflected, “In a way, those folks can be the hardest to work with. I know some PhD programs don’t take people over a certain age because they’re hard to train.” Other supervisors viewed previous experience as a strength. A supervisor recalled a particularly strong cohort of supervisees who had come in with past work experiences:

Really, really had a good view of where they wanted to go; who they wanted to be.

They’d had some experiences in other parts of their lives that were relevant. Like, one was a nurse ... they just seemed like complete packages.

Some of the supervisors described ways that experience supported a higher level of competence, knowledge and self-awareness that transferred over to trainees' new roles. One supervisor observed ways that a trainee's prior experience had made her more resilient. "She had worked and she was an older person who kind of knew things could go rough, one way or the other. Wasn't really surprised how things happen in offices--the tension sometimes that occurs." The positive aspects of past experiences were a boon in these examples, and facilitated the development of clinical practices within supervisees.

**Developmental impact of supervisees on supervisors.** Supervisors discussed ways in which their supervisees had a profound effect upon their own development and growth. One supervisor recalled how her supervisees helped launch her professional development towards becoming a supervisor, initially:

And she would sort of plant these little seeds all the time about like, "Well, when you're ready to do supervision, let me know. I'm going to be your first supervisee." So, years later ... she and another former student sort of came up to me and they—it was like they had prepared this like, "We're ready. We think you're ready. It would be great if you could do supervision. We would love it. And we'll get it all worked out." And we did start. That was my first group.

The supervisor highlighted the mutuality between herself and her supervisees, acknowledging ways that they had collaborated together in helping one another along on their developmental path. She continued,

I just felt there was this sort of mutual--I was rooting for her, and she was rooting for me. ...And just feeling like there's somebody in the world--that we've both sort of helped each other grow and develop professionally. And that trust too. She trusted me

enough to want my guidance and support, but I trusted her to be my first and to take that leap with her.

This supervisor's sentiments regarding mutual growth were mirrored in many other narratives regarding development. A supervisor reflected upon deepening her knowledge in a collaborative way with her supervisee,

It was really exciting to have this supervisee working with that same population. And all these themes being illuminated, and for us to kind of tease that out together, and do some reading and kind of tried--both of us—to deepen our understanding around it.

Mutual growth was an important process within development, and was emphasized as an important and emotionally salient aspect of supervisors' experiences.

Some of the supervisors discussed learning through discomfiture or relational ruptures they experienced with their supervisees. One supervisor observed, "I think probably some of the most instructive experiences were ones in which there was a potential rupture between me and my supervisee. Or there was an actual rupture. So, the process through which we worked that through." Another supervisor discussed developmental processes regarding how much to press her supervisees in session to examine vulnerable, personal material:

Feeling like, I had maybe pushed a little bit more than I felt comfortable with. And then getting feedback from this person that, "Thank you for saying things that I'm not able to say." Or, "Thank you for pointing out things that I'm not seeing." ...So, that is really rewarding because I knew that sitting in discomfort is part of growth--for all of us. And some of this makes me extremely uncomfortable and it's rewarding to have a supervisee say, "Thank you for holding my feet to the fire." Because I know that both of us are growing in those moments when it's not easy.

This supervisor reflected later that the risk she took in offering difficult feedback was met by an emotional openness and attunement on the part of her supervisee, which facilitated growth for both members of the relationship.

Conflict style and giving feedback arose in discussions of developmental shifts experienced by some of the supervisors. One supervisor explained, “My growth edge has always been around approaching and moving towards conflict.” Another supervisor discussed working towards being less “harsh” in her presentation. She commented, “There could be other ways. And if there’s a chance to be nice, I should be nice.” Supervisors relayed stories in which they developed skills that facilitated development and connection during training of others.

Some of the supervisors talked about developmental processes in talking about identities, power and privilege. One supervisor recollected, “...it doesn’t feel vulnerable anymore because it feels like, ‘Well, this is just a part of who I am.’ I’ve moved through that piece of it being scary. But those were certainly vulnerable moments, once upon a time.” In discussing privilege, another supervisor reflected, “It feels really bizarre to me to feel like I have a measure of power. Over time, I got more used to it but that was still a really sticky place.” A further supervisor discussed his development in examining his gender biases through a conflict that arose at work. He shared, “Well...I guess it revealed some things that I was not shocked at within me, but it’s always hard to come face to face with yourself, and the shadowy stuff around stereotypes, biases. It’s hard.” The developmental arc of supervisors regarding identity also encompassed changing identities, as one described: “I’ve been all over the map. So it’s hard for me to identify my class status. So, sometimes I get really tripped up, to realize how privileged I am now.” The development of identity discussions within supervisory settings was seen as a part of growth.

**Barriers to development.** Embedded within supervisors' and supervisees' narratives of development were narratives of interrupted development. These narratives were grouped into the themes of perfectionism, inflexible approaches to therapy, perception of outgrowing or being past a supervisor's capacity to teach, unrepaired rupture, and systems interrupting learning. These themes reflected the importance of development within supervision by providing examples of the negative experiences and feelings that occurred when participants felt development was stalled or interrupted.

***Perfectionism.*** In observing supervisees attempting to navigate their new roles and strike a balance between being free to experiment and take risks, while not making ethical violations, or drawing other forms of censure for mistakes, supervisors would sometimes conceptualize supervisees as engaging in perfectionism, or approaching clinical work with a level of rigidity. This strategy, while adaptive was not typically characterized as desirable by supervisors. A supervisor commented,

...when I interview supervisees, I always ask them about risk taking and [tell them] that I don't want perfectionism. If you are interested in being perfect, then I'm not interested in having you. Because, in order to do this work, I think, and continue to grow, you need to take risks, and you need to be vulnerable, and you need to screw up. Otherwise, you're not growing. And we're also demanding that of our clients, and it's awfully high and mighty for us not to do those ourselves.

Examples of this kind of phenomenon presented themselves in clinical work, and integration of theory and administrative tasks, primarily. One supervisor observed that these tendencies also are sometimes associated with cultural values, or personality. She illustrated this through an

examination of differences she's observed among queer identified and straight-identified female supervisees:

[With lesbians] I think there's a lot more room to get messy, mess up, re-start. You're kind of already an outsider, so it doesn't really matter. I think that lesbian culture is less uptight in the workplace--if that makes sense? I mean that's not across the board. Of course there are uptight lesbians. But there's just a lot of space to do it your own way--if that makes sense? You can bring your personality. You can be you...[Whereas] it feels like, in straight culture, you're way more socialized to look 'nice' and sound--and don't rock the boat because it's a big enough deal that you're a woman here, already.

Supervisors were acutely aware of the limiting nature of perfectionism within development, and also noticed the manner in which certain identity factors played into that perfectionism.

**Rigidity.** Supervisees were sometimes conceptualized as rigidly adherent to preferred theoretical premises at early developmental stages. Supervisors found significant the experience of working with supervisees to become more flexible in their orientation to ideas that were sometimes viewed as overly rigid by their supervisors. For example, one supervisor discussed a supervisee who was completing her clinical training after many years in nursing, and his relative ambivalence about the medical model she was expressing in her clinical work:

She thought the diagnostic skills had to be so particularly fine-tuned and accurate--as if she was looking for a blood-borne pathogen—if she'd made some other diagnosis that something else would happen and be catastrophic. As if she'd misdiagnosed a cancer patient or something. Once she kind of opened the door to that things got easier for her in the sense of how she was viewing people.

Past experiences, such as a previous career, when held inflexibly were described as difficult barriers to overcome in the training process.

A supervisor's expression of similar ambivalence towards dogmatic adherence to a protocol was applied to a supervisee's performance of cognitive approaches in treating trauma in children:

And so, she's got like three-year olds that are doing trauma narratives. And I know it can be done. I know it can be done, but we could also do play therapy in a different way that might be less traumatic to a client... I think that there are other ways that we can do this that are kinder. Safer... She belongs in an environment that's really dogmatically stuck to this... And initially, she drank the Kool-Aid and so there was a lot of holding dearly to those ideas. Now, as time has passed she's expanding her horizons a little bit.

Rigid adherence to a theory or a commitment to discovering "the right answer" were seen by supervisors as delaying of developmental processes. Another supervisor discussed wrestling with supervisees who are vigilant about their paperwork. She described conversations in which she challenged the time they were investing in administrative tasks, which could be better spent elsewhere. She shared,

[I've said] "Write your notes for OSHA, for the governing bodies. Save your time for your clients.' And people are like, "No, I need to write something beautiful and perfect!" ... You know, "I won't put anything out into the world that's not perfect." I'm like; "Please put lots of stuff out into the world that is imperfect. I beg of you."

This supervisor noted that she often observes these types of behaviors in female supervisees that she has had, and views part of her work as mentoring them to release their engagement with perfectionism as a way of freeing their creativity for higher goals.



**Not being challenged.** Participants discussed barriers to learning as impactful in supervision. Supervisees named hindrances to their development such as not being challenged, having supervisors who were either novices or lacking in skills for other reasons, relational ruptures, and systemic challenges. One supervisee observed, “I sort of feel like we outgrow supervisors. And I think I’m sort of outgrowing her. Which I think is just normal and natural.” Other supervisees described not being challenged by their supervisors. “It felt very relaxing and chill, but I didn’t learn as much as I could have or as I wanted and I did not challenge myself.” Another supervisee explained that she felt that she eclipsed her supervisors, intellectually:

And so, it didn't seem like I had a lot to get out of it--they had a lot to give me out of it. Which was both great for my ego and awful for thinking, “But I want to better myself. I want to grow. And I feel a little woeful.” Like, “Oh dear. These people in the profession I want to look up to—they’re probably not as smart as I am.”

This supervisee also did not appreciate the experience of being delimited by a scripted approach to doing therapy. She expressed:

She would tell me exactly what to say to a family and I would write it down and then go say it. So, it was very didactic. It was very rigid. I'm grateful that I learned this version of therapy, but it had nothing to do with practicing, becoming my own self of therapist. It was very limiting.

Some of the supervisees had experiences working with novice or training supervisors and found them to be ill equipped to guide them in their clinical work. This supervisee discussed struggles she had as a practicum student being supervised by an intern who she felt was developmentally behind her.

We had very similar amounts of training, and yet, I kind of feel like I'm more advanced in the way that I work, in the way that I see clients, in the diversity of ways that I think, and even just different demographics of people, or locations of clinical placements. And she was very straight and narrow in that she really liked using one or two particular approaches and that was it.

A lack of experience and a lack of openness to diverse theoretical approaches in their supervisors were seen as barriers to development by supervisees.

***Unrepaired ruptures.*** Relational ruptures also would interrupt and slow learning and developmental processes. This supervisee described feeling embarrassed when her supervisor indicated in individual supervision that her colleagues did not approve of her manner or communication style as a way of emphasizing a behavioral change he was seeking:

Because when that thing happened--when he told me that people were uncomfortable--I lost some of the openness in the communication. And then, like I said, I lost very good moments in supervision, and group supervision, because of that.

Supervisees discussed unrepaired ruptures as moments of lost learning due to a breakdown in the supervisory relationship.

***Systems interrupting learning.*** Supervisors noted ways that systemic issues within institutions sometimes created barriers to or slowed learning processes. One supervisor who was providing off-site supervision discussed a supervisee who found placements at two consecutive sites, each of which had a systemic crisis during her training there. The supervisor noted,

And that was hard to try to hold space for that particular supervisee, because I think she felt that wherever she went there was damage that had happened. She wasn't getting this rich experience that internship should be, or the support that she should have during that

time--which might relate to her sort of slow process, because there was no time, really, that she could find roots.

In this circumstance, the supervisor witnessed ways that the supervisee was impacted in her overall development by systemic issues that were outside of her control. The supervisor reported further that the supervisee was observed to personalize the systemic issues despite not being responsible.

Supervisees expressed systemic issues as interrupting development also. An advanced supervisee discussed being grossly underutilized due to the delimited nature of completing intake calls over the phone:

(...) what I was telling her [the supervisor] was the structure of this externship is killing me. Because in this—I mean, it was only maybe a seven-minute call--and it's like I can make the contact and connection with the caller and give them a taste of what it might feel like to come to therapy and bring what they want to bring. And yet when I hang up I feel like I'm dropping them, and I feel like I'm being dropped, in a way. Because it's so surface—it's not so surface--we went so deep so quickly and then it's over and I have no more contact with them. And so a part of what I was saying to her was, 'This feels so painful--this exercise that you're having me do every day. And it feels like I'm dipping my toe into a pool over and over again and I really want to swim and my leg muscle's hurting and my body is aching because I'm being asked to just do this.'

In this case, the overall structure of the externship experience felt like it was impacting a supervisee's opportunity to use and develop most of her clinical skills.

**Mentorship.** Participants discussed ways that they found it meaningful to share their experiences within the profession through embodying a particular identity, which intersected

with their role as clinicians. Intersections of ethnicity, gender, LGBTQ, class, and motherhood all arose as significant to supervisees. Supervisors and supervisees also discussed the relationship between seeking mentorship and encountering disappointments and projections in this context. Finally, themes surrounding the experience of mentorship in the development of ally identities, and finding mentors across identities to develop these understandings were highlighted.

**Ethnicity.** The opportunity to be mentored by a supervisor of color was significant to many of the supervisees, especially the supervisees of color. A Latina supervisee discussed working with a Latina supervisor who held a social justice frame;

With Ángela, I feel like I have a connection because we're both Latinas...because she cares about social justice and I care about social justice. She sees class where [other] people don't. I feel like she sees a lot of things that a lot of other people take for granted...she takes action--in a way that I like to take action.

Supervisees discussed how a supervisor's personal experiences and histories in the communities that they shared also helped them to feel supported and seen in supervision. An African American female supervisee discussed mentorship she received from a female African American supervisor;

I definitely really connected with her. Having had similar experiences, having been dismissed and having had the bar raised either too high or drop too low based on what you looked like or came from--people thinking one thing about you.

Shared identity was reported to provide a sense of connection in the work of therapy, as well as serving to contextualize the struggles in becoming therapists as members of a marginalized community.

Accessing mentorship regarding ethnicity and race was reported to lead to further developments in personal understandings and personal exploration. A supervisee related how she had been estranged from her indigenous heritage due to trauma associated with that part of her family's history. In connecting with an Indigenous supervisor she explained, "It was kind of like a dream to be with someone who was so connected to a part of me that I wasn't connected to, but wanted to be connected to--as an adult." Supervisees spoke of the capacity for mentorship within supervision to expand their understandings of themselves personally and within clinical work as people of color.

Racial enactments, which are commonly experienced in the larger community, would also enter the therapy space with supervisees. Supervisors of color were experienced by supervisees of color as more attuned to these enactments and able to more readily identify them when they occurred so that they could be integrated into treatment planning and case conceptualization. One supervisee discussed her experiences of this,

I think being a woman of color, often times race, gender would come into the room--into the session with me. And to have that acknowledged, and even to have that pointed out before I was feeling it or seeing it was quite validating, and it's something I really needed to hear. There were times when I would overlook certain behaviors that my clients had, but then being able to sit down with the supervisor and bounce this back and forth and really kind of get a better picture of it, helped me in my approach to my client.

In contrast, another supervisee of color described a situation where her white supervisor was not attuned to racial enactments, despite her pointing them out.

And so, I would pick up people from the waiting room and I would see looks of horror, or them being surprised that--I mean, I was the only person of color working in the center--

so, they were surprised. And I remember asking Brian [her supervisor]—because I just knew intuitively, that they were having reactions to me being black--and he basically told me I was making it up. Like, ‘Oh, that’s nothing.’ And I was like, ‘Please. Why don’t you sit in the waiting room and see the looks on people’s faces when I come get them? You don’t have to take my word for it; you can go look, yourself.’ And he was like, ‘Well, I don’t know how we’d do that.’

Mentorship was seen as an important aspect of how issues of race within clinical work could be identified, described, and also attended to.

The relative dearth of supervisors of color was described as significant to supervisees of color who did not often see people who looked like them in positions of power and authority within their respective fields. One supervisee discussed the importance of seeing other people of color in supervisory roles:

And I think it’s very important too, for supervisees to see people that look like them, when they’re supervising. So, I mean that’s a whole bigger conversation, but I think it’s incredibly important. (...) It’s an important learning relationship to have and when you have to go in feeling like, “This person doesn’t get it.” Or, “This person is dismissive.” Or now, even feeling a little bit of hostility towards this person, because they don’t get it—it’s counter-productive.

Finding mentorship within ethnic groups was considered important, and a lack of that mentorship was seen as having a direct effect on potential growth and learning.

**Gender.** Opportunities for mentorship intersected with gender identity in the narratives of the participants. Most of the participants were women and so most of the narratives are about female relationships. Some of the female participants felt a familial connection with female

supervisors. One supervisee noted, “They either take a maternal or a sister relationship--in addition to being a clinical supervisor.” Other opportunities for mentorship were related to coping with enactments of sexism that female supervisees experienced onsite. One supervisee recounted seeking supervision due to a sexism expressed by a colleague. She described her supervisor working with her to redress the issue:

And I remember her (...) kind of giving me some verbiage around it. Like, “What would it be like if you...reflected back to him that this is how you felt, this is what you’re getting from him.... Or if you pushed back? You went back and you asserted yourself in this way.” And none of it--I was just kind of like, “Oh, I can’t!” I couldn’t even imagine bringing this back up--in any way. It just felt way, way overwhelming for me. And then she was like, “So, that’s an option, but that’s not the only thing. Unfortunately, fortunately (...)—this is going to happen again. This is going to come up again and you can respond to it differently, each time and figure out what works for you, and what feels safe.

The mentorship within supervision described by female participants was shaped by the need to respond to sexism encountered in the field.

Other female supervisors helped female supervisees assert themselves in ways such as holding boundaries or asking for better pay for their work. One supervisor explained, “I tend to do boundary work with them. Like, ‘What are your boundaries?’” Another commented that she instructs, “‘It’s okay to hold limits.’ Or, it’s okay to ask for a raise.’” She talked about the reasons she articulates these suggestions for her supervisees. She reflected,

I just wish for better work environments for therapists. To witness the difficulty of my supervisee, of a human being that I care about and who I can see how much they’re

giving to the work that the work that they do--to be in that place of just saying, “Yes, you deserve support. Yes, you deserve to have limits.” I actually can think of multiple people that this would apply to.

Female relationships within supervision were shaped by the need to provide mentorship in regards to future difficulties that would predictably arise due to sexist systems in the overall culture. Male participants did not recount stories of gendered mentorship as frequently as females, however one male supervisor discussed ways that he tries to mentor male supervisees in fostering vulnerability:

It’s humbling to see how powerful culture can be and what people bring into supervision with how they can be vulnerable, when they should be vulnerable, if they can be vulnerable at all and what that means about who they are--as a man or as a therapist or, as an individual. It always plays out and you see it unfold with clients. Men are kind of fucked from the start sometimes, you know? In this business where vulnerability is so important and transparency is so important when you bring those obstacles in.

This supervisor discussed his role as a mentor to male supervisees in accessing their vulnerability, and describing to them how this vulnerability related to their future as therapists.

**LGBTQ identity.** Supervisors and supervisees shared the importance of mentorship when it came to members of the LGBTQ community. A supervisor talked about her sexual identity and mentoring students through sharing her own personal decisions and practices, specifically related to being part of the LGBTQ community. She relayed the following:

And to even begin exploring their coming out process as a therapist, and how to do that--how to integrate that into their work with clients... Because, as early career therapists, or as trainees, they’re beginning to learn how to do that. Like, “How much of my self do I



share? And who do I share this with? And if I'm maybe not even out with my family, should I be out at my work? And what does it mean if I'm not out at my work?" So there's, I think, a lot of questions to consider and I think my sharing my sexual orientation I think has helped facilitate some trust.

This perspective was reflected in a supervisees' discussion of the impact of her supervisor disclosing her sexual identity. "She's open about her sexuality. I know she's in a queer relationship, as well... And that's really helpful for me." Another supervisee who works at an agency that was founded to serve the needs of the LGBTQ community shared what he values about that experience and having a supervisor who identifies as gay:

And I think that kind of comfort with those things--that we, as gay people, are just more comfortable with...has made it for me a much more comfortable place to be and the supervision follows that. You know? ...There's like shorthand in supervision about that kind of stuff. And I think that's very helpful. And it's also like, hey, if I talk to my supervisor about my client going to the bath house--my supervisor knows what I'm talking about. Whereas, I don't think every supervisor would be like, "Oh, that's just a thing that gay people do." They might be more shocked. They might be more puritanical. They might not know how to respond to that. But my supervisor understands those things. He gets it. And so we have a common culture around that.

Supervisors and supervisees indicated that mentorship within the LGBTQ community served to foster their development and gave them insights into the way in which their specific identity would intersect with their role as therapists.

**Socioeconomic class.** Supervisees that came from poor or working class backgrounds discussed a lack of visibility for individuals with those backgrounds in their respective

fields. Some suggested that there was a collective lack of understanding of what it means from a cultural standpoint to come in with those experiences. A supervisor who had experienced economic marginalization was explicit about her class of origin with supervisees as a way of mitigating some of her privilege and initiating a conversation about an otherwise invisible identity. She stated, “I think by the time most people get in here they know I’ve been on food stamps. I was the girl in seventh grade with one pair of pants.” She further discussed finding ways to increase access to students from marginalized classes in their training. “So, I paid off my student loans myself. My degree wasn’t paid for by Daddy or family. So, I’m pretty vocal that I’m doing my best to support people who have that same story.”

Some of the supervisees who came from marginalized classes appreciated being seen and valued by their supervisors with this context. One supervisee commented,

I’ve been able to talk to Ángela about my life, she knows that. She knows my history... And I almost feel like she brings in her class--like relates to me. Like, “Yeah, I know what it is to struggle. I know what it is to have all the children be around. I know what it is to experience growing up in just a Podunk town where they have nothing.” And she’ll say little things that make me feel like she understands my class. Maybe it was different for her--but it makes me feel like she knows.

Supervisors sharing, or acknowledging, the existence of class dynamics was seen as helpful by the supervisors and supervisees that discussed the topic. These experiences were seen as particularly beneficial when witnessing classism occurring within the work environment. One supervisee described witnessing a supervisor in her previous setting deriding a client she could see via a video monitor in the lobby about the poor condition of her clothing. “She was making

fun of the outfit that she was wearing... and really critiquing her.” She described how her new supervisor who discussed class openly responded when she shared this experience:

And I was just talking to Ángela about it. And I think she was just validating what I was saying, like, “You’re right! This isn’t her fault. This is a bigger systemic issue” ... It just made me feel like there was a reason for me to feel this. I just couldn’t really externalize, it... She kind of created this little, mini case conceptualization from a systems and a culturally appropriate lens. It was just so nice to hear that. There was something about what that other supervisor was doing that was really hurtful.

In this narrative, the supervisee discussed her experience of a supervisor who expressed classist attitudes and how her new supervisor was able to language what she witnessed and validate her feelings about the experience.

**Motherhood.** Some female participants discussed mentorship in relation to motherhood, and its importance to their clinical development. One supervisee discussed how meaningful it was to her to have a supervisor open up to her and offer resources regarding motherhood. She stated:

So, I felt like I was getting more than just clinical—I mean, they were more like lessons about life. And she gave me all these articles, I remember, about attachment, and the baby in utero, and all these things. It was a little overwhelming, but I was like, “You care about me as a person!”

A supervisor also discussed how meaningful it was for her to explore these questions with a supervisee who knew she was currently engaging that balance in her own life:

I was new in parenthood and had a supervisee who occasionally spoke about one day, wanting a family, and “I’m trying to figure out how do you navigate family and work”

because they were somebody who knew they wanted both, and I would try to talk about that... it was a very emotional sometimes to do – to talk about what it was like to have a new baby and feel pulled at work, and still want to be there but not always want to be there. And, talking about the bigger picture of trying to focus at work, and bring yourself there.

Mentorship through the particular struggles faced during motherhood was seen as generative of growth and development for supervisees.

**Projection and lack of mentorship.** Participants were able to speak to how a desire for mentorship and connection through identity sometimes lead to negative relational experiences in supervision. As one supervisee expressed:

And part of why I sought Joyce out is because I know she's queer too. I've had that backfire. I've had therapists, and other providers who are queer just for the sake of queerness, and it hasn't always meant we're a good fit. But I feel like it's important for me to feel accepted as my whole self by my supervisor. And one way to achieve that is finding somebody who's queer or an ally.

This supervisee acknowledged some risks in making assumptions about connection based solely upon shared identity, but also emphasized the continued desire for mentorship through shared identity.

A supervisor of color observed that when working with supervisees of color who are anticipating what it will be like to work with her there are embedded challenges therein related to projection and disappointment:

And in that I think there are pros and cons. Like, you have this immediate connection, and this--almost like there's this trust that's already there. And I have also found--not

just with this person, but with others--is there's also a lot more room for disappointment. You know, there're certain projections and idealizations, I think, that supervisees can have. Like, "Oh! I'm having my first Asian supervisor and she's going to be all this for me!" And there's this disappointment, I think.

A supervisee of Asian descent illustrated this point further by discussing her disappointment and lack of a sense of "connection" with her supervisor who shared her identity as an Asian-American.

What I'm struggling to say--is that my experience with her as a category is very different than my experience of other people in that same category. Because in previous--many experiences--I have had a lot of resonance with people in that category, and with her I don't. And I don't think it's about race but it's an interesting sort of juxtaposition.

Shared identity was not always an asset in the supervisory relationship, as stories of projections and countertransference were salient for a few of the participants.

**Ally identity.** Supervisees also described mentorship that, rather than directly tied to identity, was connected to allyship through accompaniment and advocacy for communities and individuals from non-shared cultural identities. One white supervisee, seeking to develop further her multicultural competency and ally identity initially did not have the language to crystalize this request when working with other white supervisors:

So, I think about supervisors before Mira and all of them being white and maybe me desiring to have conversations around multiculturalism, but having a lot of uncertainty and awkwardness. How do I do this? How do I talk about it? Initiating it on paper. Like, "I like to talk about multiculturalism. How do I use that?" And, "What happens?" You know? But not really being able to unpack that as someone early in their training.

Later, when she did develop more language to make her needs known, she sometimes encountered white supervisors who had similar learning needs that were as of yet, unexamined or in nascent stages of development:

It could be, having a supervisor who's white and being also uncomfortable with it and being like, "Yeah, your next supervisor will grab that question, or grab that goal"--and uncomfortable because of their own training, if there wasn't a lot of emphasis on the importance of multicultural identities. Or being white and--You know, I could see--two white people talking about multiculturalism is a pretty--there is a lot of privilege in that conversation.

In this supervisee's case, it was not until she had the opportunity to work under supervisors of color that she felt sufficiently supported in this process. She further explained how she came to develop and integrate an ally identity through mentorship with a supervisor of color, "So, with Mira, I think a big part is that she had a different identity, a different ethnic identity than the other supervisors I had in the past." The conversations regarding identity when the supervisory dyad did not share all identities were described as an avenue for developing skills in being an ally. Another supervisee discussed the importance of developing an ally identity through her supervision experience. In this circumstance, her supervisor helped her to connect her own experiences of marginalization to oppressive behavior she witnessed being directed at a community she was not a member of to help her to crystalize her own allyship with that community:

And so, I talked about that in supervision where -- because the client [who] was kind of trying to work out his homophobia and heterosexism was coming kind of on the heels of me meeting with this relatively young, white male who would make perpetual, micro-

aggressions to try and join with me. So, would say things like, “Oh, I love hip hop!” And, “I love basketball!” Just the most stereotypical things that he could say, he would do. And I had such a hard time because it was just like punches.(...) I just remember how intense that experience was, and then having another client that was basically doing the exact same thing and the emotionality of it was completely different, because I wasn’t being directly triggered. (...) And so we were able to talk about that and me, really kind of reaffirming the ally-ship that I have with certain communities (...) I mean, it crystalized the reason why allies don’t always respond. You don’t have that emotional trigger. It crystalized for me that I need to be doing more with my privileged identities. Supervisees discussed ways that they utilized supervision to explore dynamics of oppression and bystander roles as well as associated intersections with emergent ally identities with communities outside their own.

**Accompaniment through client suicide and death.** Participants discussed crisis situations as highly impactful and closely connected to the growth and learning processes. The experiences described included lack of support through crisis, positive support during a crisis, and addressing the crisis and balancing self-care. These themes were connected through growth as supervisees questioned their ability to stay within the profession, their ability to handle future crisis circumstances, and questioning their competence as clinicians. These will be discussed further in the sections below.

***Lack of support through crisis.*** The experiences of vulnerability and expressions of emotion by participants were related to the types of supports available to them at the time. One supervisee discussed what it was like not to have a delay in access to her supervisor after she learned her client killed herself. She explained,

I was just raw emotionally, with it and then not having anybody there. So it was like having a third degree burn and not having anything done about it for a couple of days. I mean, I was just that wide open.

Another supervisee who worked in a supported living facility described witnessing a visceral client death and her struggles afterward in accessing in-person supervision. She described:

So I told my boss [via e-mail] and then she responded to me, copying my new supervisor. And then my new supervisor then sent me a private e-mail. So we talked in there and she also called me and she's like checking in on it...she's just overwhelmed--but she was taking the time to talk to me and she was like, "You know, sometimes I can't answer the phone, but try to call me or send me an e-mail. You know, we can talk."

This same supervisee found adjunctive support in her group supervision for these experiences but struggled to ask for the support she needed initially due to the level of distress she was containing at the time.

It was just very heavy, emotionally--very, very heavy. And I couldn't --the next day was the group supervision, and I wanted to and I couldn't. I had to wait until the next week. I just couldn't. I could feel the heat rising up and anxiety and the knot in my throat. A lack of access to the supervisor and difficulty in finding adequate support were described as accompanying her heightened levels of anxiety and distress.

***Support through crisis.*** Another supervisee discussed a high level of support and collaborative meaning making she received from her supervisor following a suicide. She



described that support as critical in helping her to process her emotions and maintaining a presence in the field:

And I think if I had had another supervisor maybe I wouldn't be sitting here talking to you. I would have left the program. But I think she did a really good job of bringing me back. Of really examining what happened--not rationalizing but really examined. "Tell me what type of responsibility you feel you have here. Tell me why you thought you missed it." As a matter of fact, after we got through the "Why I wasn't here" kind of thing—"Where I should have been"--she just looked to me and said, "So, you're thinking, 'how did I miss that?' Right?" I'm like, "Yeah!" You know? "That's exactly what I'm thinking!" She really helped me process it. She helped to center me, a little bit more. And she sort of pried me off my own case, if you will. Being really judgmental about what I had done, how I missed it.

The supervisee expressed the connection between the supportive supervision and her ability to continue in the field and process the event. This supervisee talked about the way her supervisor accompanied her through a deconstruction of the events leading up to a completed suicide and how meaningful that was to her in mitigating her feelings of guilt and responsibility for the death:

[My supervisor said] "Let's take a look at it. Why are you feeling like this? Why do you think you missed something? What did you miss? Okay. So, how could you have handled it better?" And so by actually going back, and looking at this, piece by piece--"We have the tapes." We had the video, which really helped. "So, tell me where." And going back and looking at it--there was no indication, which in and of itself may have been an indication. I'm looking for something she said or something she did. And it's

not in something she said or something she did. It's what she didn't do, what she didn't say.

Sometimes the support was less emotional and more administrative or procedural in nature, but still translated as support and accompaniment through the crisis. One supervisor talked about how her relationship with a supervisee deepened following a crisis in which she walked her through the systemic responses that go into motion surrounding suicidality. She explained,

You know, she just really wasn't remembering that that's part of the protocol. And so I just went right into, "Safety plan." And, "Intention." And, "Attempt history." And, "Rehearsals." ... And so, after that experience, she was much more relaxed. Because she felt--I think she felt--that she had been helped. She hadn't had to struggle and figure it all out, herself.

Support through crisis was reported by participants as also inclusive of administrative tasks, and facilitating the ability of the supervisee to handle the emotions connected to the crisis.

***Balancing self-care with professional responsibilities.*** Supervisors discussed articulating the importance of balancing the need to attend to the systemic aspects of suicide with attendance to one's emotional needs in conversations with supervisees. One supervisor described her approach in supporting a supervisee after a client had completed a suicide.

I just try to leave as much openness for her to talk. I mean there was that question of, "When is it therapy?" "When is it supervision?" But just trying to help her put in the context systematically what was happening as well as emotionally.

Another supervisor discussed her concern that her supervisee would not engage in self-care following the death of her client. Part of her work involved highlighting the need to grieve:

And of course there's a piece of me saying, "Okay, did we do everything that we needed to do?" You know? "Were we prudent in this situation?" And feeling that anxiety around that and knowing that she's feeling that same anxiety. Kind of also feeling concerned about--She's the type of person, from what I know of her, to just sort of button up and keep forging on. And kind of having a sense that she really needed to slow down, and grieve a little. You know? To kind of give some space to the human part of this, and trying to give her that feedback.

Providing support in a time of crisis was described as a balance between the professional needs required in the field, and the emotional needs of the supervisee to care for themselves and continue developing as a clinician.

## Self and Others

Table 3. *Primary, secondary, tertiary, and quaternary themes of Self and Others*

Primary Theme	Secondary Themes	Tertiary Themes	Quaternary Themes
Self and Others	The self	Self as Therapist Goodness of Fit Presence	
	Other voices	Emotionally unsafe supervisory relationships Alternative perspectives Supervisor's perspectives	
	Encountering difference	Supervisory consultation Different theories Different identities	
			Unexamined enactments of insensitivity Making assumptions Growth through encountering difference LGBTQ+ communities Gender Race and ethnicity Socioeconomic class
	Systems	Talking about differences Supportive systems Overwhelmed systems Paperwork Liability Power	
			Hierarchy Abuse of power Collaborative power Evaluation

Participants spent a considerable amount of time discussing conceptualizations of themselves as people and assessing others around them in relation to supervision. Supervisees

described personal characteristics they felt were present within supervision, such as “being vulnerable” or having past experiences, and also recognized individual factors within their supervisors and peers and how these influenced their experiences of clinical training. Systems were also discussed in regards to the self, as supervisees and supervisors described the manner in which they were embedded within particular systems and how these outside voices and requirements shaped supervisory relationships. The major theme of self and others was comprised of the subthemes of The Self, Other Voices, Encountering Difference, and Systems.

**The self.** Participants discussed ways that the self was of importance in supervision. Themes that arose as they discussed aspects of their humanity within supervision were Self as Therapist, Goodness of Fit, Presence, and Self-care. These themes included narratives that touched on the manner in which supervision and clinical work is fundamentally about human connection, and that their personal and professional lives intersected in significant ways. The following sections will highlight these ideas and expand on the narratives brought forward by participants.

***Self as therapist.*** A common theme across participants was that of the intersection of their personal lives with their roles as clinicians. Many of the participants discussed ways that their personal lives were explored within supervision and were regarded as critical content to the clinical work they were doing with clients. Both supervisees and supervisors discussed the relevance of examining this material during supervision sessions. One supervisor reflected,

One of the things that I process with supervisees--we try to do it every session, sometimes we don't. But, “How are you doing in your personal life?” That piece around your wellness (...) So, at the end of the session, I try to make sure that we spend some time talking about that stuff, even if it's just a few minutes because it is professionally

impactful. So that's the professional reason behind it. But, [also] because, I care about them, and we care about each other.

Supervisees discussed how impacted they were by supervisors offering space to discuss their personal lives during supervisory sessions. One supervisee shared, “She always made time to be like, “What’s going on with you?” She always made time for the personal stuff. That was always a part of our supervision.” Another supervisee discussed how her supervisor emphasized the relevance of the full scope of her experience by making personal details a routine part of supervision:

I usually bring in--I have a case. I have my life. And then I have the studies I’m doing. What am I reading? What am I learning about? Where’s my training? And how they fit to where I’m sitting here? And what am I doing? So, I sort of bring it all in rather than just technically, what should I do?

Supervisees described positive relational connections and personal and professional development when supervision was able to highlight the relationship between clinical work and their personal lives.

Supervisees also discussed ways that supervisors made room for emotional catharsis and processing within supervision, which sometimes did not clearly connect to clinical work. One supervisee offered the following story:

And there’s been several experiences where she was just like, “What’s going on? You just seem a little off.” And then I just start crying and then I tell her if it’s relationship issues, or things in my family. And she’s really good about sitting with it. And really good about the way she talks about things and making me feel supported.

This supervisee expressed appreciation for her supervisor's attention and respect for aspects of her life that fell outside of the confines of her time at work. Another supervisee described being similarly appreciative of her supervisor's willingness to set aside any clinical agenda in favor of time to process her supervisee's personal experiences, she described, "She put her notebook down, and she just listened." Supervisees reflected that this level of attention and empathy demonstrated by supervisors contributed to the depth of the relationship. One supervisee explained, "It brought us even closer just to be able to tell her so openly." Supervisee participants expressed greater connection within supervision during moments when their professional and personal selves could be held within the same space.

***Goodness of fit.*** Participants reported supervision as influenced by the manner in which personalities either resonated or failed to connect. One supervisor offered, "I notice I am more connected with some people than others. I mean, that's always the case, right?" The ability to have goodness of fit was tied to personality factors, and personal values. A supervisor described the following:

Just in terms of philosophy and general life attitudes and work ethics and interests in kinds of therapies. I mean you get matched so well that, you know—It wasn't even about being the same. Even the stuff that we were different on seemed really great! You know? Because there was the connection underneath that that sort of would just drive the interest in each other.

Another supervisor also spoke about a sense of being well matched and having a sort of mutual language through the use of metaphor in talking about client work.

And I might get people going, “Oh, yeah, that does make sense. Yeah, that resonates.”

But she was the only one who would pick it up and we’d be kind of on a roll with it... We were just well matched in that way... So, the fact that we could do it together was fun.

Identity was another important factor when describing the idea of goodness of fit within supervision. One supervisee described the following:

We connected many times and I felt that we had a lot of similarities. He’s probably just a very few years older than me. He’s also from my country. He’s gay. We seem to be from very similar, social-economic status, and education and interests... So person-wise and even professional-wise, it felt good.

Goodness of fit was described by participants as a matter of connecting with supervisors through a sense of shared factors including personality, belief systems, communication style, and personal identities.

Other experiences lacking in this type of mutual regard and connection were sometime characterized as a poor fit. A supervisor recalled, “I really had a hard time liking her—like, really had a hard time liking her, initially.” These differences were mainly attributed to personality and manner of relating within supervision. A supervisor, in reflecting upon a past supervisee, described a sense of disconnection:

He’s a gossip guy and he really cared about his position in the group and got to know everybody like very quickly. I felt he was manipulative and--But just secondary to that he cared so much about others and how he was viewed by others that it seemed out of balance. We didn’t connect very well.

This lack of connection was attributed to an irreconcilable personality difference between the supervisee and the supervisor. A further supervisor struggled to articulately pinpoint the heart of

the lack of connection he felt with a supervisee. “And it was just difficult, because there were times when his thoughts, to me, did not feel like they really vibed. They certainly didn’t vibrate with me.” One supervisor described the consequences of these types of poor fitting relationships as follows: “Well, I don’t think he learned much from me.” Poor fit was highlighted as a detriment to the development of supervisory relationships and the development of supervisees. Supervisees similarly described poor fit in terms of their personal needs within supervision due to differences in personality style and approach to clinical work. One supervisee recalled wishing for more process-based supervision from a supervisor that was intervention-oriented:

It felt like she was more comfortable doing more product oriented or didactic based supervision. Like, “here are trainings.” “Here are readings.” “Here are---” administrative stuff. And I was like, “You know, that’s not really where I’m at. I really want to process a session, or a moment. I want to process my feeling or how I’m reacting. I want depth in supervision.” And I couldn’t articulate that in a way that she could hear.

Another supervisee wished for more emotional engagement from her supervisor during a vulnerable time in her development. She talked about how she expressed needs for affirmation and warmth and they were not met due to the supervisors’ personality style. She recollected:

[I said to her] “I feel so vulnerable. I want you to like me. I’m so nervous. This feels so new and different from the work I’ve done. I’m just doubting everything.” And she...said, “If I doubted something you were doing, I would tell you.” But it’s almost like I needed more of it. She wasn’t curt in person, but she wasn’t really warm in the way maybe I’ve gotten kind of gotten used to.



These supervisees attributed the lack of emotional connection within supervision as a personality difference between themselves and their supervisors. Further, explicitly asking for the emotional processing did not shift the supervision, which they perceived as being due to different styles of engagement.

***Presence.*** The theme of presence was highlighted by several participants as being significant in their clinical work and supervision. One supervisee remembered a supervisor fondly by describing her as follows: “She had this presence, this wisdom...” Presence was seen by supervisees as a positive personality attribute that benefited their ability to trust their supervisors.

Presence was primarily discussed by supervisors. Though the participants hailed from disparate clinical backgrounds, presence came up in the majority of supervisors. Supervisors described presence as part of the “art” of being a therapist and a supervisor and that it was a way of connecting on a human and personal level. One supervisor shared,

I feel like in some ways, as therapists, we’re trying to be with other human beings and in some ways, I feel like that’s a dying art...if you think about how disconnected I feel like elements of our everyday life can be. There are so many fragments, I feel like, in a more technological society. I know that there are elements in which the technology can help unite us and connect us but that being present with another human being, I think that--I’d like to think that we’re just remembering that.

This supervisor connected presence within clinical and supervisory work as a valuable opportunity for human connection, and juxtaposed it with the increasing emphasis upon technology-based communication within the larger culture, which does not require this same type of human connection. Another supervisor, in looking back on her time with supervisees felt

that presence was a critical part of the experience, “And I feel that primarily--when I think back to what was a key element to my participation in relationship with the people I supervised--it was presence.” Supervisors described presence as something to foster and protect within the present culture, but also from the stressors that occurred within their personal and professional lives.

Often times, supervisors noticed when they did not have a sense of presence in their clinical or supervisory work or feared that at some point they would not. This was typically associated with outside pressures impacting their ability to attend in the way they normally would have. One supervisor recalled a time early on in her life as a new mother, who was balancing that role with her role as a supervisor,

In my own personal life--I'm in the heart of young children, and I emotionally, don't have a ton of reserve right now.... Like, “I'm not sure if I have enough to give, to navigate all the muddy waters of this job.”

Multiple supervisor participants who were entering parenthood made similar observations. This supervisor illustrated,

To love your work but also find yourself not present some days and, you know, that--I feel like most therapists--that doesn't fit with their values to be not present at work. But some days, you've got to just roll with it. So it was kind of an acknowledgement of, “It's hard sometimes to be in this place, and feeling torn.”

This supervisor referred to presence as part of a value system within the practice of therapy, a value that was affected by the human experiences occurring both inside and outside the realm of clinical work.

Another supervisor discussed the way that grief impacted his ability to be fully present. He recalled, “In terms of my own transparency and my genuineness-- it kind of got

thwarted for a bit because I was sort of afraid to ignite something ...” He spoke of his lack of presence as “impairment” in his clinical and supervisory engagement. He described, “Kind of impaired. Yeah, it was just another kind of impairment than I’d had before. I just felt so fatigued of being--present or something.” The personal lives of supervisors was thus seen as a point of intersection that influenced the manner in which their supervision unfolded, and the degree to which they could show up to support their supervisees.

**Other voices.** Participants delved into narratives that explored how the voices of others were influential in clinical supervision. Participants discussed the role and significance of formal consultation, peer relationships, instructors and staff members at clinical sites as well as sometimes family members. One supervisee explained, “So I left. I’m sure I called my mom.” A high value was placed by participants upon the contribution and support of others, sometimes even beyond that of supervisors. One supervisee stated, “Personally, all the work that I learned and did there was on my own or through my peers. It was not through my supervisors. You know?” These voices were sometimes conceptualized as addendums to supervision, other times they were utilized as alternatives. Supervisors also valued outside voices to the extent that they also described seeking multiple people out in order to have consistent feedback, as in the following example: “I like having people that I can call on, and talk to, and hash it out with. Just work through it--and not burn one person out-- have multiple people that you can draw from and get some ideas around.” The data on other voices was distilled into the following groupings: emotionally unsafe supervisory relationships, alternative perspectives, supervisor’s perspective, and supervisory consultation.

***Emotionally unsafe supervisory relationship.*** Many supervisees described seeking others for support particularly when they felt unsafe in the supervisory relationship. This support

was utilized both to process clinical work with clients and struggles within supervision, itself. One supervisee described why she valued her peers' perspectives, "Sometimes, I feel like I don't realize that the abuse of power or the exploitation is happening until after I process this with other people." Another supervisee reflected that her peers helped her to contextualize her supervisors' requests and think more critically about how to respond to a request she did not feel able to negotiate the moment it was made in supervision. She explained, "But it wasn't until later, after talking to Beth and talking to Eddie, and to other people that I realized that I didn't have to do that." Supervisees saw peer relationships as a way of processing their experiences in supervision, particularly during times when it felt negative or damaging.

Supervisees described seeking peer consultation as a way of continuing to receive clinical support after no longer feeling safe in supervision. A supervisee compartmentalized the type of content she was willing to process with her supervisor as primarily administrative, reserving the emotional content and processing for others she identified as safe: "I could problem solve with her the technicalities.... And then I could go to other resources for, 'I was really upset that a client had manipulated me.' Whereas, [my supervisor] was a little bit shaming." Another supervisee described a similar dynamic in his supervision, He explained, "I still had to go through the motions with him, but I turned to other people. Would ask perhaps more questions of them then I would have ordinarily." This supervisee discussed reaching out to peers for consultation advice after a relational rupture had occurred in the relationship and he no longer held respect for his supervisor. He expanded,

I was much more quiet. I'd lost a lot of respect for him. So, I think I limited my interactions with him. I didn't feel that was going to be a safe learning space for me. So I just turned to other people.

Supervisees continued to seek out opportunities for growth and development through consultation regarding their clinical work; however, this took the form of peer consultation if they perceived supervisors as unsafe.

Sometimes, supervisees would seek out peer consultation to ask for validation and support when receiving unwanted feedback made during supervision. One described this type of support from her peers, “They were like, ‘No! Not at all!’ ... ‘If that wasn’t professional, then we’re more unprofessional.’ ...So, nobody agreed.” Another supervisee described, “I’ve actually called him out on this and I’ve gotten feedback from my colleagues that they like that I’ve called him out.” Supervisees described their peer relationships as a place for feeling empowered or validated about their experiences within supervision.

***Alternative perspectives.*** Supervisees also described seeking outside voices for consultation when they felt that their supervisors would not have expertise or sufficient understanding of their difficulty. A supervisee highlighted a time that she felt the need for support from a female consultant to help her process sexism at her clinical site, rather than turn to her male supervisor. She explained, “... he was a man and I did not feel comfortable talking about like these kinds of dynamics. So then, I went to Liz.” Similar to seeking out supervisors that shared the same identity, seeking consultation outside of supervision sometimes related to the degree of trust supervisees had that their supervisor understood the nuances of issues of identity.

Other supervisees described seeking the counsel of other voices because of the high esteem they held their peers in and the support they were offered in that context. One supervisee described the egalitarian aspect of peer consultation, He reflected, “I think I’ve had some really good experiences with colleagues supervising, because it becomes much more

consultation.” Another supervisee attributed her decision to take an important and difficult developmental step in her training, in part to the robust peer support she was receiving within her cohort,

Well, I think because in my training cohort there were colleagues that were very excited about what I was doing and really enjoyed--when I would consult with them--really being excited about the work I was doing. So, that was one piece. So, having peer support around it.

Supervisees found peer consultation supportive and affirming, and found it to provide an additional level of help towards their clinical development.

**Supervisors’ perspectives.** Supervisors described different perspectives on outside consultation. Some welcomed it. This supervisor noted the opportunity to consult with outside supervisors within the system at his job site was of particular value to him, even describing it as familial:

Supervising here is easy because it’s not just on the supervisor. I mean, I’ve seen other students that don’t particularly appreciate the supervisors who they don’t love but they get everything they need because the virtue of the group supervision, and the kind of open door policy. You know, it’s a big family-a family of supervisors.

This supervisor described a nonproprietary attitude towards his supervision of trainees, which was supported within the system he worked in,

That’s a really nice thing about this place. I’ve never seen anybody complain or a supervisor complain or feel like, you know “You’re going around my back” or anything like that. It’s always been like, sort of, “Yeah, that’s cool. If I can’t give you something you need, go down the hall.”

Supervisors were able to recognize the manner in which outside consultation could be generative for supervisees and facilitate growth in areas that were outside that supervisor's expertise. This supervisor discussed ways that she tried to foster the development of a peer consultation practice among her supervisees,

But I know too, that now this person—yeah, she can call me anytime, and I want her to call me, but she also has three other people now in the room too that know the same story and can also support her. So she has community well past our time of supervision. She has other clinicians now that know her work and they hopefully can do that for each other in the long term.

Many of the supervisors, like this one, actively sought to build a sense of community as a part of clinical work through the development of peer relationships between supervisees.

In a different setting, a supervisor characterized outside consultation as “disrespectful” and his supervisee's decision to consult with another supervisor on staff led to a relational rupture and broken trust. The supervisor reported,

But they ended up going to another supervisor and getting their feedback, too. And to be honest, it wasn't what they actually ended up deciding to do with the client--it was the fact that they did that, and they didn't tell me that they did that, and that it wasn't until after they had the session, and went down a different road that it was clarified that they had done that. And so, in that sense it was the basically going behind my back.

The perspective that seeking outside supervision is an act of disrespect, was not expressed by other supervisors within this study, however another supervisor provided her insight into how peer consultation might interfere with professional development. She observed,

I mean, some of the supervision is funny in that their peers developmentally may not be at the same place. I've seen this all the time in case consult. So, someone has taken a leap but their peers can't congratulate them on it or see its significance.

Supervisors and supervisees primarily viewed outside consultation as a positive component to supervision, however some viewed it as negative or lacking in the kind of insight available within the formal supervisory relationship.

***Supervisory consultation.*** Many of the supervisors described the high value they placed upon other voices in their own work and described formal and informal ways that they consulted and collaborated with other supervisors and clinical peers. One supervisor noted, “I mean really the peer support is very important.” Another supervisor observed, “It’s very complicated work and there are situations that you need to talk out. Especially when someone’s early in their career; they’re so anxious.” Supervisors described how peer consultation about supervision supported early developmental processes as they were entering their practices as supervisors.

Other supervisors described supervision groups as helpful to them in identifying appropriate boundaries and articulation of their roles as a supervisor. One supervisor articulated this in the following manner, “That has been so very helpful to me as a supervisor, especially early on in supervision.... sometimes there would be some sticky things around, ‘Where do I push?’ ‘Is this my role? Is this not my role?’” Some of the supervisors discussed the utility of peer consultation groups for supervision in mitigating harm within their role as a supervisor,

I don't want to—my dislike for her, I don't want that to bleed into my supervision in a way that’s hurtful, or is not going to be good for her, or the clients. So, kind of working through that. I think having those people that I can talk to around those things, in a safe way, is really important for me.



Supervisors found it beneficial to processes their ethical responsibilities to clients and their supervisees within safe peer-group formats.

Supervisors also utilized peer consultation for supervision to build more self-awareness and deepen their insight. One supervisor described the following:

It's always been helpful and kind of that check on myself, and that awareness of myself. I feel like I use myself so much in the work that I do that being cognizant that it's also really important for me to reach out when I have a sense like I don't have all the information, or I'm not sure about something, or an ethical question's come up that would bear the responsibility of asking another person who would have other insight.

Peer consultation were seen as essential components to the development of supervisory skills and the ongoing maintenance of these skills.

Though the majority of consultation discussions by supervisors focused on their development of skills as supervisors, there was also a thread of stories that related to consultation groups as important for ongoing personal well-being and human connection. One supervisor observed, "I worry about if they would die or leave town. My world would not be so good because I really rely on them." Another reflected,

I don't think, especially in the work that we do, I don't think that you can do this work effectively without a peer support network. Period. This work can be very isolating, and because of all of the vicarious trauma--I think if you don't have that, it's hard to stay in it for a long time. It's very easy to get burned out.

Supervisors highlighted the negative consequences of isolation and stressed the importance of integrating the voices of their peers into their work as supervisors in order to maintain their personal well-being, and to bolster their ability to be beneficial to supervisees.

**Encountering difference.** Participants disclosed various stories that were best encapsulated by the idea of encountering difference. Different theoretical perspectives, clinical models, cultures and backgrounds all presented themselves frequently within the data set and were evocative for participants. Some of these encounters were generative of thought, development and connection, while others proved oppressive in nature and served to silence, demoralize and disconnect. The themes of different theories, different identities, and talking about differences were distilled from the data and are discussed below.

***Different theories.*** For some of the participants encountering another person who strongly identified with a theory outside of their own worldview was significant. For example, this supervisee described an encounter in which her supervisor was unfamiliar with the integration of body-based mindfulness practices into clinical work and tried to steer the supervisee away from this, towards a more cognitive framework. She recalled,

And he was like, “I’m curious about what you do and it sounds good but, it doesn’t seem like it’s really matching their presenting problem. You really need to go back to using SUDS and scaling questions.” And doing—I don’t even know what he suggested—if it was CBT, if it was doing, like “I’m at a 9.” “Okay. Well, then now imagine this. Now where are you at?” “I’m at a 7 now.” “Okay.” Kind of this more evidence-based place of thinking.

Supervisees that encountered these types of circumstances in which their theoretical preferences were being dismissed often felt minimized, misunderstood, or ignored.

Some supervisors spoke explicitly about how they engaged differences in theory in ways that opened supervisees up to development and didn’t cause relational ruptures. In questioning a supervisee who was utilizing Trauma-Focused Cognitive Behavioral Therapy (TFCBT) with

children, a supervisor steered her towards alternative literature and resources that focused on more relational and interpersonal frameworks like play therapy.

I do a lot of, “Why don't you look this up?” I also don't ever want to create clones because that's not good for the community. It's not good for our clients. “So, why don't you look at some of things and see if any of these resonate with you in a different way.” (...) “There's a training coming up. Maybe you should attend this.” “Here's a video on this.” You know? Just, “Maybe, you should look at these and does any of it resonate with you?” And see where we go from there.

Another supervisor who came from a primarily contemporary psychoanalytic perspective discussed working with a supervisee who was passionate about clinical cognitive paradigms. He recalled,

She went out of her way to learn every kind of sort of tool and technique she could, behaviorally. And she was psychoanalytically minded but she loved things like EMDR, and Acceptance and Commitment Therapy, and—Gosh, what was the other one? ...So anyways, she would sometimes tease me about the fact that I was sort of this one trick pony and she had all these tools and techniques. And she'd say, “Well, I'm just too impatient to wait for all this insight. It's not all about the relationship. You've got to do stuff!”

Supervisors described having an exploratory and playful intellectual position towards discussions of theory as a method to elicit the same openness and exploration from supervisees.

Supervisees experienced exploring or discovering new theories as significant, even when they were not ultimately integrated into their theoretical framework. As one supervisee stated, “Well, I just like hearing about theory. I think we can take different parts of different theories

and incorporate them into our work without taking them whole hog.” Other supervisees described encountering theories for the first time that aligned with their personal values within supervision. One supervisee remarked,

And so, he was also one of the first people to say that he doesn’t consider himself to be a “Clinical psychologist” or a “Counseling Center psychologist,” but he really considers himself to be a “Social Justice psychologist” and so that was the first time I had heard that term associated with being a psychologist. (...) And so we would talk about, “Yeah. How do you recognize that oppression impacts the way people experience mental health issues and just their day-to-day lives?”

Supervisees described the exploration of theory as a pleasurable experience when supervisors were mindful of their personal preferences and convictions.

***Different identities.*** Many of the participants discussed encountering different identities in supervision. Encounters with difference in the realm of identity typically fell into three kinds of interactions. The first kind of encounter was exemplified by unexamined enactments of insensitivity; the second occurred when individuals made assumptions about the other and encountered a lack of receptivity to overtures based upon those assumptions. The third type of encounter of difference described was one in which a connection was made or growth occurred. Finally, within specific identities were unique stories about encountering difference, and these will be highlighted within the categories of LGBTQ communities, Gender, Race and Ethnicity, and Class.

***Unexamined enactments of insensitivity.*** Female supervisors gave clear examples of how unexamined enactments were part of their regular experiences within supervision. A female supervisor discussed ways that her authority had been challenged by a male supervisee in a way

that she experienced as expressive of unexamined male entitlement. She observed a dissonance between his stated attitudes and his actual behaviors, “I do sense some power struggles. And he talks about his privilege pretty openly. But I think that talking about it, and understanding how it shows up, are two different things.” Another female supervisor made similar observations in regards to her authority being questioned by a largely female cohort of supervisees and students. She noted, “If I was a male teacher, they would have accepted my authority. But as a female faculty, as a female supervisor, I get questioned at a level that males are allowed to have.” These moments of sexism highlight the manner in which even when oppressive acts are brought to the attention of individuals, or if they are explicitly intellectually understood, they continue to be enacted and embodied within supervision.

***Making assumptions.*** One supervisor discussed the harm that can come from making assumptions and the difficulty that is embedded in unraveling them:

We talk as if we don’t have that as part of our mix of how we see people. Because we’ve got guidelines and we got lots of words that tell us, “This person is this, this person is that.” And we forget sometimes how influential that is; where we started. And how we see the world and how our position in the world when we’re little colors all that stuff. Regardless, of how good we are and bright. And it’s kind of big. It’s one of those big things. I mean great opportunities come with it. You know(...) I mean all this stuff is constructed. And for a lot of people to acknowledge that--this construct around deep feelings of inequality and oppression and stuff--it can be a really hard conversation.

***Growth through encountering difference.*** Participants discussed the positive impact of engaging in conversations about difference, despite the discomfort that they also reported within the same stories. One supervisor discussed wrestling with a supervisee’s religious affiliation

with a conservative church. She felt that there was an incongruence with some of the church's teachings and the overall mission of the social justice oriented sexual-assault organization they worked in:

So, this person's experience with religion is very different than mine. The way that this person interacts with the world because of that lens is very different than mine. And within this context, in this organization—in a sexual assault survivor serving organization--working through some of the intersections of things that this person subscribes to and how they impact our clients. So that's been a real growth opportunity for me. A huge growth opportunity.

This supervisor spoke with appreciation for both the supervisee's thoughtful clinical work at her organization and his open-hearted attitude towards dialoguing about her questions and concerns.

***LGBTQ communities.*** A common theme raised by participants that identified themselves as being part of the LGBTQ community was in being asked to train or be cultural guides to the community by people with positions of power over them. A gay-identified supervisee discussed his efforts in acting as a cultural translator for his supervisor and colleagues to better serve the trans- and queer-identified clients at the residential facility he worked at,

(...) we had clients that were queer or trans identified and my job was, as an educator, really--even to my supervisor-- which was fine, but I didn't feel like people listened to me and didn't listen to what I had to say about Queer culture and Trans culture. And that was a problem.

Other participants also discussed being asked to act as a cultural translator for the trans- and queer- community by their supervisor:

She's so well intentioned, but I think I feel like she doesn't always get it. You know, she's come to me at a number of times saying--in our supervision session--asks me like, "Hey, I have a question for you." ... She asked about another therapist and trans stuff and pronouns and something about a diagnosis. And it was actually pretty inappropriate because it was about another therapist at the agency.

These participants all expressed discomfort in being disempowered and being placed in a position as cultural translators. This notwithstanding, their cognizance of the gap in understanding among mental health providers in meeting the needs of the LGBTQ community motivated them to take on these roles despite their ambivalence.

A supervisor at a different site acknowledged difficulties she had observed among her supervisees in developing greater competence in serving clients from the Trans community. She reflected, "There has been a lot of learning for some of our supervisees around the Trans population and really struggling with some of that." Another supervisor described being "hyper-aware" around not using the wrong pronoun, and some ambivalence when his supervisee corrected him. He recalled,

In the same way, it's sort of like in the '90s when political correctness came out and people were like, "Oh my God! Don't say that! Da, da, da, da, da." And what would be hard for me were the times when I would use an incorrect gender pronoun, with this person. I mean, I would catch myself most of the time, but it was a vocal thing. Right? I'd say the gender-- you know, the biological gender and I'd be like, "I mean, 'they' or 'them'." Or even sometimes in an email, they were like, "Just want to point out that you missed one or two." And they've always be very gracious about it--which I kind of liked, and at times, I kind of didn't. You know?

This supervisor expressed mixed emotions in regards to expending a certain level of effort into integrating his supervisee's preferred pronoun into his daily vernacular. He made a further analogy to clarify his perspective,

And you know, the clearest example of that--Matt versus Matthew. Right? It's the type of thing where I work with people, and I try to do what I can, and at the end of the day, ultimately, if it's going to bother me that's on me. It doesn't mean I don't want other people to be respectful of my preference for my name.

In this example, a supervisor conflated the notion of name preferences with gender identity politics, highlighting the manner in which even with training members from this community sometimes experience a lack of understanding from their privileged peers in the field.

**Gender.** Within the stories of encountering difference, themes specific to gender centered around the high number of women in the field along with the continued expression of male dominant norms. Most of the participants explicitly acknowledged a sense that there is a higher number of women in the mental health field than men. One female social worker supervisee noted, "The assumption is kind of like, 'It'll be a woman.' There's so many more women in social work." A male supervisor remarked,

I've got a long history here being like one of few or the only man. And so...this process it goes on and you know, goes around a lot of different bends depending on politics and who else is here and how many male interns are here because there's not---there are very few men around here.

Despite the large presence of women in the mental health field, many of the female participants described encountering enactments involving power that they associated with their gender identity.



The following example by a male supervisor illustrates the complex interaction between the high number of women in the field and the ongoing sexism. This supervisor felt protective of a male supervisee he felt was targeted by the largely female staff and cohort due to his gender. He recalled,

It felt like he was being scapegoated and some of the words that had been used to describe him were really inappropriate and had nothing to do with his work. It's all stuff that I thought was stereotyped into his male identity.

He discussed the stereotypes he found hurtful, largely having to do with narcissism and entitlement. He continued describing the encounter, "how men are." And I returned fire with "This is how women are" (laughing)." This participant reflected that the interactions served to help him reflect upon the unexamined attitudes that arose when he went to protect his supervisee.

Another example was offered by a male supervisee who reflected upon a conflictual relationship he had with a female supervisor:

I think there probably was something that was kind of conflated. Something about gender that was conflated there in the power differential. That she was the supervisor, I was the supervisee. She was a woman--more accomplished--and I was just a male student.

This supervisee characterized the supervisor as "resentful" of his male identity and suggested that this resentment "permeated the supervision." In this way, some of the male participants seemed to express feeling protective of themselves and one another against women, whilst still engaging in patriarchal behavior.

Another specific issue that arose when describing encounters with difference and gender was that of sexually inappropriate behavior by supervisors. A female supervisee discussed her experience with a supervisor who appeared to be attracted to her. She described the dynamics not only between herself and her supervisor but ways that it rippled out into the cohort dynamic as well.

It felt really flirty. You know? And it felt really –I feel bad saying this--it felt like he gave me the pass because I was a woman and because it did feel like there was some attraction there. I felt like I got it easier than some of my colleagues. And I felt that. And we all felt that. It was something that he wasn't very good at hiding.

Multiple participants discussed the type of impact which arose when a male supervisor acted on sexual attraction with a female supervisee. Two supervisors discussed the fallout of this type of relationship with cohort members. One recalled, "...basically, it was uncovered that he was sleeping with one of his supervisees, and this impacted a lot of different folks." She went on to discuss her own disappointment as well as what it was like to process this with supervisees who were impacted:

And seeing the impact on my supervisees. But also having my own just personal experience with him. Like, "He seemed like a fine guy." You know? It's one of those things where you're like, "I wouldn't have called it." And I think it also brought to question the impact as supervisors that we have on our supervisees, and the power differential that happens, and the harm that can be done. And I think it scared me a bit.

Another supervisor described taking on similar responsibilities when a supervisee and clinical staff member entered into a romantic/sexual relationship. She reflected, "And it shook up the entire system for the rest of the year—if not longer--based on what unfolded afterwards. So that

was really impactful. And from there came thousands of other impactful moments.” Sexually inappropriate behavior was impactful for not only the people involved within the behavior, but also the supervisees and supervisors connected to the system in which the behavior occurred.

The final way in which participants discussed gender as encountering difference was in discomfort and avoidance in engaging in conversations about subjects related to gender and sex within supervisory dyads made up of differently gendered people. One supervisee noted, “And because he was male there was also a little—‘I don’t know that I’d be comfortable talking to you about everything.’” Another supervisee recalled navigating a situation characterized by gendered dynamics at her site. She sought out an alternate supervisor to process with when her regular supervisor was male. Another supervisee reflected, “I’ve only ever had female identifying supervisors. So I can only speak to that. And it’s largely, I think, been useful for me because, I think I can show up more fully with women.” A male supervisor, similarly discussed his discomfort in talking with a female supervisee about sexual assault cases.

While I have to do it--and it’s not always difficult--sometimes talking about things around sexual abuse, molestation, those types of things--can be more challenging to talk about with a female than with a male.

In this case, the male supervisor felt similarly uncomfortable to the female supervisees above.

***Race and ethnicity.*** Overt and direct racism were discussed by several participants when navigating supervision. A supervisee who was the only African-American clinician working at an agency described a racial enactment in which she was given to believe that she was expected to clean a colleague’s office after she finished her clinical work for the day.

So, I was the last one in, so I “should have vacuumed.” I came unglued. The movie, “The Help” had just come out and I said, “If you think this is ‘The Help,’ there is

something absolutely wrong with you." And so the push back I got was, "Well, she didn't know you were black." And it was like, "How many--? I'm it! This is it." I mean that's weak to me....And I'm not even saying it was anything conscious, but to have it outright dismissed made me even--I was so angry...She was horribly patronizing. "I know this person. She's not a racist." "Well, she should learn to behave like she's not a racist!" And then ultimately, what I ended up saying was "You know what? I'm tired of people's racism being my problem. So let me tell you what I'm going to do. This is your problem. You deal with it. I'm not going to."

This supervisee was experiencing an institutionalized form of racism. Other participants made similar observations. A Latina supervisee described derisive commentary made by her supervisor in regards to a man from the Latino community:

The other supervisor said something like... "He just looks like a perpetrator—he has a mustache--" She just kept talking but I just stopped talking. [The supervisor continued] "You know, those Mexican guys that have a mustache?" My dad has a mustache. And I'm just like, "He is not a perpetrator." I kind of asked her a little like, "What are you really saying here? Perpetrators look like Mexican guys?" So, I knew that that was in the air.

On another occasion, at the same agency a supervisor made a politicized comment in regards to immigration that communicated prejudice.

When the whole immigration thing was happening, when they would find these kids that were on the border, one of the supervisors was like, "Bust them back and just send them back!" Just cattle. You know? "Send them back to Mexico." ...Like, "They don't belong here." And I'm like, "These are children. They're somebody's child." I'm imagining

they were scared and maybe don't want to be here alone. But she said that wasn't a thing for her. To her, it's just like, "They're not American diplomatically."

When this supervisee suggested her supervisor demonstrate further compassion, she was met with a pat answer and dismissal, much like the earlier supervisee of color who was told to clean a colleague's office. Overtly racist behavior was observed to be impactful of the staff as a whole. A supervisee discussed a supervisor making fun of a socio-economically disadvantaged Latina woman's appearance in a group setting and the response that occurred around the overt racism, "Because the therapists didn't really feel like they were in a position to say anything, they laughed. A couple of therapists laughed--supervisees....But the two that were the main perpetrators of this behavior were supervisors of therapists." Racism within supervision and within the system was characterized as highly damaging and often was not responded to when it was highlighted by supervisees.

Participants described dismissal as a common occurrence when racism was enacted in supervision. An African-American supervisee observed denial of her experiences of racism and a lack of interest when she would try and address the issues directly:

When I would bring up the issues it was like-yeah, "Why are you bringing--?" What was not said was, "Why are you bringing up what was acted out?" Dismissal. Which is, in other words, "Pish-posh. That's not what's going on here." Or, "Maybe you're a little paranoid." So, dismissing my experience.

Another African-American supervisee discussed being dismissed and ignored within her experiences in supervision. On an occasion when a racial enactment occurred in a group, she confronted her supervisor later in individual supervision,

And I'm sobbing, and I just said, "You were there.... I feel like I was being attacked and you did not say anything," And I will never forget, he said, "You know, April, you're an adult. You can advocate for yourself. I don't need to rescue you." And I said, "I didn't say that I needed to be rescued but this is about power and privilege." I was the only person of color that worked in the center and I'm like, "I felt targeted. And I've felt targeted since I started here." ...And he was just like, "You need to be more robust." And so basically, he was challenging me to give as good as I got--to advocate for myself, and speak up for myself. And I remember saying, "Those are all things that not only I do but I've done my entire life, since birth, and I just don't like the way that I feel when I'm here." And he said, "Well, maybe you should go." And so I was like, "Yeah."

In this instance, when a supervisee of color brought up the racial inequities that were institutionalized at the setting she encouraged to leave if she couldn't tolerate the experience.

Many of the white participants discussed relatively low numbers of encounters with people of color who were not clients. One supervisee, who had worked only with white supervisors thus far, discussed her reticence towards working with a supervisor of color when an opportunity arose, despite the fact that the supervisor was from the same community and spoke the same language as many of the supervisee's clients:

And I thought, "Wow! I could learn so much from a woman of color, and I work with Latino clients, and I really feel like that's a gap in what I'm getting support in, and I maybe could ask her to if she'd be willing to talk about some of my agency cases." You know? And I went and I met with her and I didn't end up working with her. Honestly, I think I was being protective of my own white fragility in making that decision. She was really abrasive and I think I talked myself into how that was just a personality thing. I

mean she named--She was like, "I'm a loud, opinionated and confident woman of color with an accent." "People think I'm a bitch. People think I'm mean and abrasive." And I did. And I've wondered a lot since then, "Was there racism inherent in that decision I made?" ... I'm really aware that I made that choice to work with a white woman, instead. I think, given the vulnerabilities I'm coming in with, I needed something that felt more comfortable.

This supervisee described the type of decision that foreclosed upon opportunities to grow in multicultural competency through supervision and encounters with difference. She went on to talk about her reluctance to sit with the discomfort this type of growth would elicit. She illustrated, "I think she would've really challenged me in some amazing ways and I think would've also made me really uncomfortable. And I think where I am in my career, I'm not ready for that." In this way, her privilege impacted her opportunity for a potentially generative relationship with a supervisor of color.

***Socioeconomic class.*** Socio-economic class was discussed as an invisible or difficult to discuss, yet emotionally impactful, identity within supervision. A supervisee of color discussed her desire for increased fluency in regards to class among her colleagues and in the culture, in general,

I think that we relate to each other really well as an agency when it comes to certain issues like race, sexual orientation, and things like that but when it comes down to money, I think everyone gets a little bit like, "Uhh!" It gets very uncomfortable for folks. Class may be less visible in dialogues about cultural identities in general. A supervisor from a working-class background observed, "Maybe people don't talk about it much—somehow in this world of the diversity angles that we all learn about. Maybe I don't talk about it as much

anymore, either.” A supervisee also shared, “I think it’s one of the identities that isn’t talked about enough, period--but particularly in psychology.” A supervisor highlighted one reason why these conversations do not arise as often as they might in supervision. She reflected,

I do think, if I'm honest, that it feels a little anxiety provoking...To talk about class, in terms of privilege--because, I do come from a privileged background. And to feel just the sort of extra oomph I've had in the world, because of where I came from around class. So, I haven't had that conversation. Maybe that's an area of growth for me as a supervisor.

This supervisor was reticent to discuss socio-economic class with her supervisees due to feelings of anxiety that arose for her.

Another dynamic of class that was discussed by participants was that of unwelcome conversations regarding privilege. One supervisor from a privileged class described an experience in which he chose not to address class directly with a supervisee who appeared to be highlighting his wealth, and instead simply conceptualized his supervisee as being anxious.

(...) the first few times he came in, he always made a comment about something in my office. And it was always a little bit--it had a little bit of an undercurrent of—something--that I couldn’t quite get a handle on. Was it hostility? Was it envy? So, he’d come in, he’d say, “Oh. This is pretty swanky building, here.” Or he’d say, “Wow. This place is really--it’s well maintained. You must get it cleaned a lot.” And I noticed that. And I was a little bit puzzled by it. A little--mildly irritated by it. That’s not something I would share with him, coming out of the gate. I’m going to sit back and pay attention. And what happened? Well, it dissipated. Right? It was probably anxiety.



This supervisor went on to clarify, “Now, if we’d worked together six months, and those sort of comments were escalating, absolutely I would say, “You know, hey, I’ve noticed something. What’s going on?” The supervisor did not articulate a sensed connection between his irritation regarding the supervisee’s questions with his own class status or upbringing.

A supervisee from a lower socio-economic background recalled times when her race was incorrectly conflated with her class:

I can think of remembering that I felt assumptions were made about me. “Oh, you’re this white girl coming into grad school and you must be such and such.” And when we got around to my background that was always surprising to them (....) Because, it didn’t match this privileged, upper class, wealthy experience. I had a mother on welfare, too.

When these kinds of presumptions were made about the supervisee she would try and correct and educate others about her class background. She recalled,

When I thought that was happening, I would bring it up. And say, “Well that’s not how I was raised.” Or, I could say, “No, I have experiences of being in the house when the welfare worker was coming and having to hide, because I was one extra kid. I know what that’s like.”

This supervisee related that this was typically difficult for people to take in, even after she took the time to describe her experiences. She recounted, “And they’d be like, “Oh, how’d you get to grad school?”

An African-American supervisee who came from an economically privileged background also experienced her race as conflated incorrectly with class during her training experience. She sometimes felt compelled to buttress against these kinds of misattributions;

I don't know what they were thinking but I came from a middle, to middle upper class family...I think I was very conscious about letting people know, so you're not assuming some stereotypic, bizarre thing. Letting people know my family's educational bonafides, if you will.

These supervisees discussed the inherent assumptions that were connected to their race, and the unskillful ways in which supervisors and others associated their race and their class as inseparable identities during their clinical training.

Another unique way in which class arose in the data was within discussions of class as a permeable or malleable experience. One supervisee of privilege described a supervisor of privilege being “affirming” of her ability to “code-switch” through proficiency in speaking the vernacular of impoverished classes when working with clients of low socio-economic backgrounds:

[She] acknowledged and validated the difficulty in that. Like, it's hard. You know? That there are different sort of languages, and ways of being with folks from different class backgrounds. And that just felt very helpful and positive to me.

The supervisee explained “code-switching” in this context,

I can both sit with a kid from a rural part of the state. You know? Who (...) self-identifies as a Redneck. And doesn't care about graduating high school. And then also work with somebody of his age who's hell-bent on going to an Ivy-league school--or somebody who did go to an Ivy League school. Right? So, this ability to speak different languages of culture and SES. I would say I'm very good with that among white populations. In terms of SES mostly, and then certain educational differences.

A supervisor also spoke of his appreciation for a past professor who he recalled suggesting,

Let's get away from this idea of, you know, upper class, middle class, lower class and any kind of iterations in between. Rather, looking at it from having more than you know what to do with, having more than enough, having enough, not quite having enough, and really not having enough.

In both examples, the topic of class was seen as nebulous and alterable through personal experience.

***Talking about differences.*** Many supervisors discussed different approaches to talking about intersecting identities. In discussing oppressive or marginalizing encounters some of the participants used humor as a way to illustrate inequality. One lesbian-identified supervisor discussed horizontal dynamics of sexism mixed with tokenism she experienced as a supervisor teaching in a clinical program,

Yeah, I mean, people love gay men because they're so funny and flamboyant. There's been a couple cohorts with a single gay man who's just like, "Everybody's pet!" It's like, "Oooh! Do that thing you do!" But, you know—nobody loves the lesbians. Nobody's like, "Do that thing you do!"

A supervisee discussed processing racial enactments she experienced in her clinical work as an Africa-American woman through shared humor with her supervisor, who was also a woman of color:

I was once joking about stereotypes. There was a site called "Rent-a-Negro." I thought it was pretty hilarious and I thought this would be great. I could just do that. She thought that was pretty funny, and given her own background, she kind of said, "Oh, I could do the same thing."

In both of these participants' narratives, humor was used to negotiate oppressive cultural trends.

Some participants discussed waiting for issues of difference to come up “organically,” others believed strongly that it was important to discuss them right away. One supervisor observed, “Something will come up. I don’t push it. Because, if you push it then it’s your agenda.” Another supervisor suggested,

It’s not sort of integrated in a formal way into how I supervise. But there are moments when it feels very relevant, and there are probably more moments where it’s more relevant than I have recognized. And I think it deserves some further thought.

Another supervisor highlighted her typically more active engagement in discussing difference within supervisory relationships,

I mean, I definitely want to ask the open-ended questions. Like in the beginning. Right? Like, “What are your salient identities?” So, I don’t want to just skip over it because I hold privilege in those areas. But I don’t also want to make an assumption that this is the salient identity and that this is something that’s coming up all the time.

A further supervisor also discussed her commitment to make no presumptions as she approached difference,

That wanting to be authentic in the present moment, and hold in mind how experiences influence me and influence the supervisee that I’m sitting with and their client and those contexts... So, I guess in that place it’s also that wanting to be vigilante to the present moment and to not become dulled by what I think I might know. That feels more dangerous to stand in the place of, “Oh, I think I know.” Than to stand in the place of, “I’m not sure, let’s talk about this. What are you feeling? What are you thinking? What are other people noticing? What is your client saying?”

This supervisor ascribed the idea of encountering difference as a constant part of supervision and therapy, and described the stance of “vigilance to the present moment” as a manner of always asking questions to illicit conversations regarding these differences.

**Systems.** Supervision often occurs within institutional systems, and expresses those systems. Systems refers to institutions, practices and policies that impact clinical work. Data gathered from participants regarding systems fell into the following categories: supportive systems, overwhelmed systems, paperwork, liability, and power. Systems included not only the setting in which one worked, but the network of supervisors, staff members, and governing bodies that influenced the shape and outcome of clinical work and supervision

**Supportive systems.** Support was a theme that was largely expressed by the supervisors in the data. The structure, opportunities for collaboration and protections found within robust systems facilitated supervisors’ work and well-being. A supervisor reflected upon the opportunities for collaboration. She said, “So, sometimes the system is not helpful but definitely if you can get actual people who will actually collaborate with you, it’s so necessary.” Another supervisor discussed the level of freedom that she feels in supervising trainees due to the legal support associated with larger systems. “...I feel this safety of the layers of bureaucracy, and attorneys, and whatever it may be that’s protecting me to do the supervisory work, freely.” Some supervisors discussed the level of intention that they have invested in creating systems that supervisees feel supported in. One supervisor talked about why she attends so closely to these questions,

Because of the work that we do, it's really important to me that they're well, and they're cared for and that they know that this is a place where they will be cared for and not abused.

Supervisors generally felt that systems positively influenced them, but were aware of needing to create safety for supervisees who lacked power within systems.

Fewer of the supervisees discussed systems in terms of support. One supervisee contextualized his experience of support within his current system, within the arc of historical experiences which were less supportive,

There are things that I wish could be different but in general, it's run pretty well and I agree with most of the things that happen there...I can actually talk about clients, talk about my feelings, talk about how I'm dealing with self-care and all that stuff and it's good but I think that's also because I've had experiences at other places that were so awful that comparatively, this is like cake.

This supervisee found it was easier for him to recognize the supports within the system he is in now due to the experiences characterized as unsupportive he had at past sites.

Some of the participants discussed ways that settings which were centered around a specific culture were particularly supportive of their experience. One supervisor of Indigenous heritage remarked on her experience working in an indigenous agency:

I worked in a Native-run behavioral health organization before, and it's night and day. That type of a setting--people are more open about how they feel about people. And because we used to have Talking Circle and it clears the air a lot better. And then you could do a ceremony, afterwards to clear the air even better. And there was more development of relationship because it was real common for people to divulge quite a bit about their backgrounds. That's just what people do. You know? And in a non-Native environment, people don't do that. I think that's more middle class—White. You know, that you try and one up on everybody else? It's very competitive and

it can be very aggressive and the first person to speak up is the loudest one. And the one that talks the most is the one who usually everybody looks at. You know, it's very different and I don't like it. (Laughing)

This supervisor described non-Native organizations as “competitive” and “aggressive” in contrast to her experience of Native organizations which are more relational and reflective of cultural values in the people they serve. She commented that this is expressed in the supervision of clinicians as well. She reflected,

It's really relationship-based. And you don't just talk about one client. You're talking more about their friends—because that comes into the whole therapy process--their relationships with people. That's what you do. And so it's a real different way of working with people.

The supervisor expressed that this relational and systemic model of thinking regarding clients and staff felt more supportive to her than future involvements she had in primarily white organizations.

A gay-identified supervisee also discussed ways that he felt supported within a system that emphasized his culture. In his case, he worked at an agency that served members of the LGBTQ community,

Well. I think because we're a gay agency people get away with a lot more things that they couldn't get away with at other places. Like being sarcastic, cheeky, inappropriate--saying things, saying what's on your mind. Being more sexual is okay in our community and at my agency than it has been at other places. And I think that kind of comfort with those things--that we, as gay people, are just more comfortable with--it tends to be, in our

culture--has made it--for me--a much more comfortable place to be and the supervision follows that.

In this example, the artifacts that made the culture more supportive and engaging were pieces that reflected a personal preference for relating and access to topics that were taboo in other settings.

***Overwhelmed systems.*** Participants reported that agencies which are overwhelmed often transfer this systemic stress through experiences of disarray and crisis to the supervisees and supervisors that work there. A supervisee reflected,

A lot of the agencies that you have--like, community agencies where you're getting your practicum training--are very busy, overwhelmed systems. And I think that, that impacts supervision, too. If you have a supervisor that loves supervision, but just saw six clients before they're meeting with you, that's going to be impactful to supervision.

Lack of resources and high needs contributed to an environment which participants reflected could feel unsafe. One supervisee reflected upon a community mental health agency she had a placement in. She recalled, "That was baptism by fire. I'll tell you, that was something else." Both supervisees and supervisors expressed a sense that they were limited in their ability to impact or sometimes even remark upon the pressures that overwhelmed systems exerted upon them. One supervisee shared, "I kind of did feel like, I didn't have the right to complain. That was sort of an undisclosed message." Systems silencing and over-burdening supervisees was impactful in regards to the development of clinical skills and supervision.

Participants reported that negative experiences within a system were internalized as they negotiated the demands of their environments. A supervisee discussed the toll her work environment eventually had upon her mental health. She shared, "And I would be scrambling...



I would begin to feel hopeless and helpless and I got depressed after a while.” Self-attributions regarding lack of competence also arose for this supervisee as she struggled to be effective in meeting her supervisors’ requests. She explained, “They’d ask for sometimes—ask for the ridiculous. Which also was difficult, because I would feel incompetent much of the time. I started to internalize the lack of services as meaning, ‘I’m not a good worker.’” Supervisors reported that overwhelmed systems had deleterious effects on their sense of self as clinicians as well as on their mental health.

Supervisees discussed apathy and hopelessness in response to the treatment of clients within overwhelmed systems. Often times their protective impulses were distributed towards clients when they perceived unjust treatment. One supervisee remarked,

(...) there were a lot of people that were very apathetic and that really bugged me because I thought that they were not giving good client care because of that. And I went to the supervisor and I said that and she was like, “I agree with you.” I was like, “Okay.” But then nothing happened.

Another supervisee discussed ways that and ethical issues were tolerated within the agency. She remarked,

It’s very top down. Your job, in that particular place, was just to do your job and even if you saw something that was inappropriate or unethical, it’s not your job. So, it was very—how do I say this? It didn’t take into account a lot of systemic things that were important to me.

Feelings of hopelessness and apathy were reported by the participants to be consequences of overwhelmed systems, as well as the experience of feeling unsupported in creating change.

Feelings of frustration were expressed by supervisors in witnessing seemingly untenable situations. A supervisor expressed her frustrations about the demands her supervisees were facing. She said,

As an individual working with a supervisee, I'm doing my best to support the individual in front of me and being cognizant of the fact that that individual is also doing the best they can with the resources they have. And that's maybe where I start to feel sort of irritable. Because I feel like the resources that we have to work with often in mental health—and this is where I feel I guess, sort of political--are not adequate. And maybe that's the, "Err." Is that it feels like there are high expectations, there's incredible responsibility and there's not a lot of support. And that's where I start to feel sort of just mad.

Supervisors, like this one, often discussed a sense of injustice associated with systems.

Supervisors reported wishing to protect supervisees within overwhelmed systems, and discussed emotional responses to not being able to protect their supervisees from experiences that were harmful within systems. One supervisor said,

I think there was a period there where I really felt like I let them down. Like there was something more we could have done to protect them. I think it was like the "mama bear" hat--if you want to call it that--of being a supervisor, which is not often talked about. But I think the mama bear part--and failing as a mama bear--was somewhat devastating.

The strain placed on supervisees by overwhelmed systems was experienced by supervisors as a desire to protect, and as guilt and sadness when unable to do so.

Some of the supervisees who witnessed inadequacies in the systems they were embedded in responded by challenging systemic norms and seeing if there were ways that they could be

impactful themselves, in positive ways. A supervisee discussed deciding to model the shifts he would like to see in his work environment for others,

(...) and that's where I was like, "This is how things are going to be different. I'm going to hopefully create a culture where people feel respected and if they're hurt they can take time to vent their frustrations, to take time off the floor, to-you know-not go into restraints when we don't have to" all those sorts of kinds of things.

Supervisees spoke about turning to each other within overwhelmed systems as a form of consultation, but also as a form of protecting each other and creating a supportive culture. One supervisee expressed a desire to engage in subversive tactics as a form of self-protection from an overwhelmed system. She described the following:

I found myself reticent to actually do these new responsibilities because we have never done them and because we're under scrutiny all the time. So I checked in with my co-worker and I was like, "Are we supposed to be doing this new thing?" And she said, "I think so." You know, she also was feeling that. And she said, "Maybe we should document that we're doing it." I was like, "No, I definitely don't think we need to document. In fact, I'm deleting the email. Like, I am de- documenting!"

Supervisees found it difficult to advocate for themselves within overwhelmed systems, and solutions ranged from attempts to change the culture to rebelling against it.

Supervisors who felt stymied by systems, or viewed them as in some way harmful or distressing to their supervisees, described protective feelings and impulses as well. Often times, participants described ways that they utilized their position to either protect or advocate for a supervisee they viewed as vulnerable. One supervisor reflected,

I think there's definitely a protective quality that I have of my supervisees. I feel like, in some ways, I'm their advocate. In the large system, I'm the one who knows them the most, and so I need to advocate for them, their needs. And I see that as part of my role.

Another supervisor conceptualized herself as standing in between the supervisees and an aggressive system. She remarked, "I feel a sense of a protective nature [towards] the staff. So, I try to place myself in between them sometimes, and the larger agency." Supervisors saw themselves as being able to leverage their power within the system to try and protect their supervisees.

Some supervisors expressed feelings of emotional upset and attempts to be subversive within the system on behalf of their supervisees. One supervisor recalled advocacy that was fueled by a sense of injustice,

I just thought it was very unjust. You know? And it really bothered me. And also that I couldn't talk with anybody about it. So it was very frustrating.... I thought, "By Golly, I'm going to get them!" (Laughing). You know? ...So that's what I did.

Acts of protest and resistance against oppressive policies and relational dynamics within overwhelmed systems were experienced as positive when they were in the context of protecting or advocating for the well-being of supervisees.

**Paperwork.** One of the aspects of supervision within an organization that participants discussed during interviews was the administrative systems that they engaged in through the completion of documentation and other types of paperwork. Some of the administrative duties were experienced as positive aspects of supervision and the acquisition of clinical skills, however a majority were related to negative experiences.

One of the supervisees reflected upon how systems involving paperwork impacted his clinical work in positive ways in supervision. This supervisee discussed ways that his responsibilities to maintain client charts helped highlight clients he might not otherwise focus upon in supervision. He explained why his institution's mandate to bring two charts to supervision every week helped him do this:

I think, in that way, it facilitates me thinking about everybody and not just thinking about the people that I already think about. So, it's thinking about clients that maybe I wouldn't necessarily have lots of question about. But bringing them into supervision through the chart and then explaining what's going on in that situation has helped me to think of new ideas and things to do with clients.

Administrative duties could be leveraged by supervisors and systems as a container for organizing supervision and giving time and voice to clients that might otherwise go unnoticed.

Administrative duties were described negatively by participants due to the unrealistic expectations they felt were placed on them. One supervisee described it as follows: "So, drowning in the paperwork--I've never done so much." An academic supervisor also reflected upon the large amounts of paperwork and how it minimized her ability to collaborate with an onsite supervisor who worked with her supervisee. She recalled, "It felt like we got lost in this paperwork bureaucracy." Supervisees discussed struggles that they encountered not only with learning how to write clinical notes and track and complete their paperwork in a timely manner, but also how not to fall behind. "I was really concerned because I am behind in some paperwork. I'm not going to lie. So, I was just so stressed, in general. You know? About getting in trouble, whatever." The experience of stress and overwhelm from the amount of

paperwork associated with particular systems was seen as a detriment to the overall experience of supervision and clinical development.

Participants described the negative effects of paperwork as being connected to the systemic demands associated with funding. A supervisee explained,

And I think institutionally, I know that if you're at a community mental health clinic you are beholden to the government, and you are beholden to audits, and you are beholden to, "You've got to write your notes, in a particular way," and have to address things and there's all the have-tos that you have to do. Yes, you have to be responsible wherever it is you land-- private practice, wherever--but I think that as far as supervision is concerned if you're in an agency that is government funded, some of your supervision is going to include, "Let me see those forms. Let me see those files. Let me see how you're doing this and how you're writing it. And, what we get paid for, what we don't get paid for."

The demands of community mental health agencies and their relationship to funding programs was an active part of the supervisory relationship and was often described as having a negative effect.

Supervisees perceived audits as taking time away from their development as clinicians. This supervisee reflected upon her experience of her supervisor in balancing the needs of the audit with his learning needs,

It did take up time in supervision when we were pulling out those files and taking a look at them because you had an audit coming up or were in the middle of an audit; all of those things. Whole supervision, group supervisions, would be around an audit.

Due to the funding connections associated with audits and paperwork, added pressure was generated for supervisees who struggle and supervisors who felt responsible for making sure their supervisees were meeting systemic demands. One supervisee reflected,

(...) there's a very particular way to do the paperwork and a particular process. And everything gets read and checked off and, "Why did you say that?" and scrutinized. Scrutinized. So, I feel like that's how power shows up. Power shows up in the micromanaging of not only paperwork but my time.

Paperwork and administrative duties were seen by some supervisees as a method for scrutinizing the work done by clinicians, and were seen as reflections of power within supervision.

Another supervisee remembered discipline from his supervisor when he struggled with paperwork. He remembered, "She would scold if you didn't do paper work on time. She would embarrass [me] in a group setting." A supervisor reflected upon a power struggle she was involved in with a student in regards to paperwork. She reflected,

It was hard. And it was a bit more of an active disagreement. In that I think there was some, "But at my old site this was fine." And, you know, "When I looked at So and So's notes, they did them this way." And so we had to have that, "With me--it's not okay."

Administrative duties were reported by supervisors and supervisees to be associated with negative emotional experiences within the supervision, and with negative aspects of supervision, overall. Supervisors were aware of the diminishing effects administrative duties could have on supervisees and on facilitating clinical development. One supervisor described,

So I think that there's a push-pull for me around the systems. (...) The thing of course that I didn't like about it-- which I'm sure anybody would say--is the paperwork, and the tedium around this little thing comes up and in private practice you would just deal with

it with like, “Oh! Let's just make a quick phone call.” Or, just take care of it. But being in these larger systems that you had to go through kind of this rigmarole that seemed very tedious and distracted from what I felt was my real job, which was being available to my supervisees. Or like, having the ear of my supervisor—instead, we had to go through all the protocols.

Another supervisor also discussed the challenging aspect of this part of her and the supervisee's roles. She also framed the process as being tied to development. She shared, “Well, it can be hard. I mean, when it's the administrative part, it's really taxing. Like, ‘Now we're doing this form and you have to nah neh nah na.’ And, ‘Don't worry about this, but do worry about this.’ And then people get really focused on things. And you're like, ‘For your own mental health--Stop!’ But that's where they are.”

Supervisors reported acknowledging the need to develop administrative skills, but spoke to facilitating balance with supervisees that struggled with this area.

Some supervisors discussed ways that they empathized and tried to support supervisees in completing paperwork. One supervisor recalled,

I'm thinking that I probably have at least worked with a one person who had difficulty getting their notes organized. Their previous place had maybe encouraged more of a narrative, and you just don't have enough time to do that over and over. And it could have been that they only had one or two clients. And if you're trying to handle six or seven, during the week and you have your course work and whatever else you trying to do at the same time, you don't want to be coming back and doing those. Especially, if it's on the computer and you can't access the program. And so, you try and shortcut it--just so it's understood. “What happened?” You know, “Hit the keys-- the nuggets.”



Supervisors reported that validation and compassion were expressed when witnessing supervisees struggle with administrative tasks and that they attempted to support them and elicit growth in this area.

***Liability.*** Liability is often associated with stressors related to paperwork and was commented upon by many of the participants as contributive to significant experiences within the context of systems. One supervisee commented, “I mean, when you’re a psychologist you’re always thinking about liability. I mean, it’s a liability not to.” Supervisees intimated that this type of insight is impactful of their supervision even when not crystalized by their supervisor. This supervisee commented,

Maybe she has a lot of fear of liability stuff, and I can just feel it. She has twice mentioned this other woman in the community who lost her license, as a cautionary tale. And I feel really aware of the potential for repercussion. It feels very clear and present in her work with me.

Supervisees that discussed an emphasis upon liability reported recognizing it even when it wasn’t spoken about directly.

Supervisors reported recognizing that dynamics surrounding liability had the potential to impact their sense of freedom within supervision, as well as their comfort in engaging in supervision. A supervisor acknowledged this type of dynamic and was cognizant of negotiating it in his work:

I think it was, again, going back to that question about in whose service am I doing this? And do I want to serve the litigious community out there? Or am I serving the needs of my supervisee and her patients? And if I’m in an anxious state, and I’m hyper-vigilant and interrogating her about the safety of her patients, she’s going to feel that anxiety, and

she's going to embody it, and it's going to compromise her work--her clinical work--and her patients aren't going to get what they need.

Supervisors reported awareness of fears around liability as limiting their capacity to offer supervision that would be beneficial to supervisees.

Some supervisors noted that they felt a difference between the level of comfort and freedom they feel in offering supervision to supervisees within the context of a large institution versus in private practice. One supervisor commented,

And what I realized actually is that I feel kind of more rigid here [in private practice], as a potential supervisor, than I would at the counseling center just because, you know, it really would be just me on the line. And I have people that I could consult with but there's not really a built-in team of support. And so, I think actually being at the counseling center gave me more freedom than I realized it had.

Another supervisor reiterated this conceptualization:

Now that I am in private practice, I am aware of; I think the safety that an institution provides me, in terms of liability. As a private practitioner, I am much less likely to take up somebody who doesn't already actually have their license, period.

Both examples above referenced grieving the lost ability to freely provide supervision after leaving institutions that provided protection from direct liability of supervisees. This supervisor discussed his decision to not engage with that level of fear as a conscious choice he needed to make:

So, I think that, like any kind of anxiety, anxiety around liability can hijack really good work. So, I haven't wanted it to hijack my time with my supervisees, or to hijack their work. So yes. A conscious decision is a good way to put it. It was inconsistent with my

paradigm, my psychoanalytic paradigm, which has a lot to do with freedom and also just the value of putting the clients' welfare first.

Liability is a systemic issue that was present within supervisory relationships, and supervisors felt acutely aware of the manner in which they were liable and how these feelings affected their presence in supervision.

**Power.** All of the participants discussed power dynamics as an integral part of their experiences with supervisory relationships and systems. Power impacted participants on many levels and in many different arenas in significant ways. The major groupings of discussions of power within the data were hierarchy, abuse of power, collaborative power, and evaluation.

**Hierarchy.** Attitudes in regards to hierarchy ranged from a strong distrust to finding comfort in the authority of the system or supervisor that embodied it. Most supervisees discussed hierarchy in a negative sense. One supervisee expressed dismay about the pervasive nature of a systems' hierarchy, "The toxicity of that and the really bad hierarchy going on there played out in our supervision, too." Supervisors also expressed mistrust of hierarchy within organizations and found ways to negotiate it for themselves and their supervisees that sometimes involved circumnavigating people in power. One supervisor discussed her "strategery" in negotiating an undesirable policy issue that was impacting a supervisee. She related,

And [my supervisee] was like, "What do I do?" And I was like, "You're not doing anything about it. We're just going to--we're going to sit on it, for now." But prepared myself for [saying to my superior], "These are the things. This is why that's bad. And this is why it's not good for anyone. So, you're going to have to sell me on why you think it would be good. And if this is a clinical question that's under my purview."

Maneuvering around hierarchy sometimes emerged in the data as a necessary step in order to facilitate the best interest of the clinical work and development of supervisees.

Some supervisees discussed aspects of authority and hierarchy that they appreciated in supervision. In some instances, they suggested it helped facilitate feeling safe and affirmed. One supervisee suggested this was because of the level of esteem she held for her supervisor. She expressed, "...having the confidence of somebody that you regard so highly feels really good." Another supervisee discussed his sense of safety as fostered by the authority of his supervisor in administrative tasks. He recalled,

When my supervisor was the deputy director, he had the power to tell me to do this or to not do this administrative-wise. You know? He was the ultimate say in something and I think that was, for me, nice--to have someone to just be able to say, "This is what you are supposed to do."

A supervisee connected her positive attitudes towards power and authority with her cultural identity and her experience of her supervisor as a trustworthy person. She reflected,

So, with my supervisor now--because I feel like I trust her--I'm okay with the power--with our power dynamics. Right? I'm already there because (...) I'm very comfortable with her. And I feel like I've been really comfortable with it in many situations because of my family-of-origin stuff. You know? And the way I was raised, and the fact that I'm a woman, and in the South. I'm comfortable with accepting and receiving feedback and things like that. But safety has been a really good thing for that.

Positive attributions toward hierarchy by supervisees were contextualized as related to someone that could give direct answers to questions with authority. Culture and past positive experiences also contributed with comfort with hierarchy in the context of a trusting relationship.

***Abuse of power.*** Supervisees reflected that they experienced power being abused in supervision at times. Due to power differentials, this sometimes made it difficult to use their voice or self-advocate for their needs. One supervisee recalled being asked to change her name due to the fact that a couple of the permanent staff also had the same name. She explained,

So she decided it would be a good idea—it would be helpful for everyone involved that we give me a nickname. And so she was like, “Let’s do this together. What about this? What about that?” And then, I gave a suggestion--“No, that’s not you.” I said, “Okay.”

So, I was pretty vulnerable because I was still pregnant and hadn’t told anybody yet. And so, I was like, “Okay, that’s fine, call me Tory.” She was like, “Okay, great.”

Disingenuous collaborations like these impacted multiple supervisees. Another supervisee recalled a supervisor she experienced as unexamined in her use of power. She remembered this supervisor using the words “collaborative supervision” while not engaging in any acts of sharing her power. She shared the following statement:

It seemed like a really significant dismissal of the inherent power dynamic in the relationship. And it really pissed me off. It was just like, “But we’re not equals and this won’t be a collaboration because, you have to hold that ultimately, at the end of the day, if you don’t like something that I do--you win.”

Simple transactions like this one communicated to supervisees that the supervisor is not being attentive to the hierarchical nature of the power arrangement between themselves and the supervisee.

Other examples of abuses of power occurred when supervisors utilized their positions to shut down emotional processing. A supervisee discussed this type of occurrence in remembering an old job:

(...) the power [used] at my first residential job with kids [was] to tell me essentially to, “Get over it, get back to work.” So, that was the power they had right there--is that, “We don’t have time for your emotion, you just need to start working.” And that was a very negative connotation of power. So, it wasn’t a power that held me or made me feel better or process what happened, it was the power of “just move on” and me having to do that. Supervisors being willfully ignorant of emotional and difficult experiences were experienced by participants as enactments of exploitation or abuse of power.

Supervisees who experienced abuses of power often recognized the underlying intent to be utilized as a resource for the system. One supervisee remarked, “I felt like she abused her power a lot by sending me off and making me do extra work.” Another supervisee recalled a time that her agency floated the idea that clinical interns would be utilized to facilitate urine drug tests. The supervisee recalled,

The other thing I remember that came up--that we spent a pretty good amount of time in supervision and talking about--was at one point they were going to have all of our clients doing urine tests. And boy, things got a little heated. It’s like, “We are not pee police. I’m not going to stand here and watch somebody pee and collect urine samples for you. Forget about it.” ...It was like, “No! You better save money elsewhere! I’m an intern. You are not paying me!” (Laughing).

Supervisees that discussed the theme of abuse of power were acutely aware of how the systems in which they were embedded attempted to benefit from these abuses of power.

A supervisor was candid in his description of a time when he leaned into his position in a punitive way following a rupture with a supervisee. He recalled,

I feel confident that there were probably subtle things that I did differently, or even unconsciously. Where maybe it's like, "Oh. I have this case, but I'm not giving it to them." You know? So, in that sense, I think it changed the way that I worked with that Supervisors that discussed leaning into their power in their professional roles rarely characterized their actions as a misuse of power.

***Collaborative power.*** In contrast to unexamined and abusive approaches to power were experiences explored by supervisees that exemplified an intentional and thoughtful process. One supervisee explained, "It felt like he was sharing power. And I think that when I've had supervisors, or advisers that have done that--where they let me have some decision-making power--that has felt really holding and supportive." Another supervisee described experiencing a more genuinely collaborative approach to power in her supervisory relationship, "There's a mutual respect. There's mutuality. We're both after the same thing, but they're not out to diminish me in the process." Supervisees that described mutuality emphasized recognizing the supervisor as having power within the relationship.

Supervisors also named the importance of "naming" the power dynamic within the relationship to establish a collaborative relationship. One supervisor noted, "I often just name it. Yeah, I think it's just something I try to name." Another echoed this approach, "Usually I try and do that right away. Yeah, try bringing it up right away." The act of "naming" power within the relationship was identified as an important component for supervisees and supervisors.

Co-learning within supervision was another manner in which supervisees discussed collaborative power within supervision. A supervisee discussed his experience of mutuality in supervision. He expressed, "It was actually much more collegial. It was much more egalitarian. I had a sense that the supervisor wanted to learn from me, as much as they wanted to

teach me.” He went on to clarify how impactful this kind of dynamic was for him. He said, “There was mutuality to it, a reciprocity to it, a reciprocal quality to it. It was easier to be myself in that situation.” He discussed his experience of a “bi-directionality” to his dynamic with a supervisor,

I think those supervisions where I believed that I was respected for what I could teach, or what insights I might have, I think those were the most enjoyable experiences that I had. When it was more two-way than one-way. Because, there’s a lot to learn in a collaborative situation. I think it’s much more empowering for both people. But it does require responsibility, requires accountability.

Supervisees discussed how being recognized as having skill within the supervisory relationship was important to them.

Collaborative power was also described as a “leveling of power” within the data. One supervisee described,

I feel like there was a real leveling of power. I think, in a conscious way. Not that we talked about it explicitly, but I think it was imbedded throughout. Just in her way of being with me that invited me to bring my full self. I guess essentially, it felt empowering for me.

Supervisors also discussed this theme of “leveling power” within supervisory relationships. One supervisor relied consistently upon humor. He said, “[Humor] is a kind of a great evener between people, I think. You know? It is absurd. If I’m there, I’m a happy guy.” Another supervisor discussed his commitment to approaching power in a non-hierarchical manner. He explained, “It’s about trying to level the playing field...like, “While I know I have to be the authority figure, I don’t want it to be so hierarchical. I’d rather it be maybe a little more



‘diagonal,’ if you will.” Supervisors and supervisees describing leveling power as a process of creating collaboration and included discussions of power and sharing power as important components to collaborative relationships.

***Evaluation.*** Participants described dynamics of evaluation as an implicit part of their experience of power within supervision. Many participants reported feeling greatly impacted within supervision due to the process of evaluation. One supervisee, who has since also had roles in training, herself commented at the end of the interview,

I think the only thing that we haven’t talked a lot about is just the difficulties of evaluation. I think as a supervisee, as a supervisor, as a training director, I’ve always been just impacted in different ways by the evaluation process.

Responses to the experience of being evaluated varied among participants, but the experiences themselves were primarily characterized as negative. Narratives often highlighted supervisees’ impulse towards self-protection through limiting disclosure.

Supervisees reported a sense of being constantly monitored within the context of evaluation. One supervisee commented upon an experience that crystalized her sense that she was vulnerable to scrutiny by supervisors at all times, including those outside of formal clinical performances and practices. The supervisee noted,

It also made me think about the fact that interns are always being evaluated. Like, this wasn’t even something that happened between her and I. This was something she overheard, and yet she still had the authority and the power to put it in my evaluation...So, it wasn’t even just a recognition that I am at the bottom of the totem pole. It was also just a feeling of helplessness.

A sense of constant monitoring shaped the supervisees' overall experience of supervision due to the ubiquitous quality of her evaluation experience.

Other supervisees characterized evaluation as a threat. One supervisee encapsulated a conversation she had with her supervisor who was responding to her emotional expression of being overwhelmed with her new clinical experiences. She recalled,

And she was just kind of like, "This is the deal, and sorry you feel that way, but you better kind of get you shit together, because it'll go in your evaluation." In this circumstance, the supervisee was being instructed to contain her emotional responses to balancing the trauma in the clinical population she was working with and the many demands of graduate school or risk being poorly evaluated.

Evaluation was viewed by the supervisee in this example as a tool for control and a means to leverage power.

Another supervisee realized that evaluation changed the context of supervision significantly, and affected her relationship with her supervisor. She offered an example in which her former supervisor at a previous setting was now both her clinical supervisor and her employer at a new setting. The supervisee noted that the new evaluative position of her supervisor changed her ability to be as open in supervision. She explained,

And I moved over to the agency and then something happened to me. I just kind of closed up. You know? And it wasn't because I wanted to, because I adored her. And before then, we had had just the best sessions. And not that we didn't have the best sessions after because we have had a lot of good practice sessions but I still felt a little bit more protective of myself.

This supervisee described how it was the evaluative role more than the power to hire and fire that impacted her ability to be as open as she was before, despite the fact that the relationship remained as strong and supportive.

Supervisors provided context for the fears discussed by the supervisees in regards to evaluation. Experiences associated with using evaluation to discipline a trainee were given, including one in which the supervisee was eliminated from their position. A supervisee discussed the dismissal of a trainee from a site as a “kindness”:

One of the things we learned (...) is it is kinder to cut somebody loose. And, you know, of course, in a caring, compassionate, way that hopefully supports their overall growth. It's kinder to do that than to pass somebody who's not going to be effective.

Supervisors acknowledged that accompanying this type of decision is often an experience of self-doubt. One supervisor suggested, “I think on paper, we would all value, you know, like, ‘If somebody shouldn’t pass, they shouldn’t pass.’ But that fear of, ‘Am I reading it right? And if I’m reading it wrong, am I ruining someone’s career?’” Supervisors were also aware of the damaging role that negative evaluation could facilitate in the career trajectory of a supervisee.

Supervisors discussed feeling ambivalence regarding negative evaluations, and their personal responses to having to deliver this type of feedback. A supervisor who had been through a similar process of removing a supervisee from a clinical training site reflected, “Because it has such a huge impact on one person’s life, it--maybe rightly so--makes me question myself. Like, ‘Is this really that bad?’” In discussing experiences in which a trainee was asked to leave a site one of the supervisors expressed, “Even talking about it, my heart beats faster. It’s just so unpleasant. It’s the worst part of being a supervisor, by far; just the most awful things to have to do.” She expanded,

(...) my growth edge has always been around approaching and moving towards conflict. And when it's just hard feedback, that's at my edge and I can do it because I see the importance of it. But when actually beginning the process of asking people to leave—that's really hard. Knowing that the impact could be devastating.

Negative evaluation processes that resulted in a trainee being dismissed were experienced as a difficult to engage in by supervisors, however, they were also interpreted as sometimes necessary and required.

Many supervisees discussed the pains they took towards positive impression management during supervision as a response to the pressure and emotional difficulties associated with evaluation. One supervisee discussed ways that this dynamic negatively impacted his learning processes. In response to self-monitoring he quipped, "I don't think any of us have to practice half-truths. None of us have to practice narrating ourselves. I think what we have to practice is being vulnerable, is being open, is exposing ourselves to having made a mistake." This type of disingenuous engagement for him was expressive of the result of a supervisory relationship lacking in trust and emotional safety. He expanded,

The evaluation is important. A better evaluation is preferable, over time, than a less valuable evaluation. And I have worked with supervisors who I didn't trust to be nuanced. And so I'm pretty confident that what I did was put myself in a very edited position. So otherwise, putting my best face on. I was putting my best student face on, if you will. I wasn't presenting myself fully. I was presenting an edited version of that, because I couldn't really trust that the supervisor would give me credit for what I was doing right.

This supervisee directly implicated the power differential as he explored the reasons he “shut down” throughout the supervision process in this relationship.

A supervisee reflected upon strategizing how best to approach the evaluation process, which felt so threatening to her,

Those early experiences I mean, the evaluation was always the looming threat. “Your evaluation’s going to come.” So, I would always try to ( ... ) sort of maneuver my way into being able to have those questions answered. If that makes sense? Almost like getting the answers for the test, so that you’re ready to give the teacher the answers, when it’s evaluation time.

Strategizing to maintain a sense of personal safety in regards to evaluation was a common theme for supervisees, and was highly salient as a factor in supervisory relationships.

Supervisors were cognizant of the fears and the associated dynamics of impression management. A supervisor expressed how he tried to address the power dynamics inherent in evaluation at the outset of the relationship. He remarked,

Always in the beginning, you know. We just acknowledge that “You know, I know there’s a power differential here.” As long as I’m the one that does the evaluation that’s got to be an issue on some level or something to be acknowledged. And then I try to take it out of the relationship ( ... ) So, I try to kind of bleed some of the power out of it. Like, telling people that. “You know, you’re going to pass. You’re going to be a better therapist. Don’t get hung up on trying to please-or dot the ‘I’s, and cross the ‘T’s so that you pass.”

This direct attention to evaluation and the fears that supervisees might have was presented as an attempt to mitigate the negative impact of evaluation and power.

Some of the supervisors expressed that they chose not to discuss power in an explicit manner with supervisees, but that they utilized the evaluation as a tool to bring it into conversation:

I don't know that I ever discussed [power] explicitly, except to the extent that I have often said to supervisees that it's very vulnerable to be in their position and that I remember that feeling of being in training and knowing that I was going to be the evaluated. Again, I wasn't necessarily using the term "power" but I was very much implicating power dynamics.

This supervisor noted that while he may not have ever directly brought up the topic, his supervisees instinctively have. He shared, "I think it's come up in terms of fears that supervisees have expressed about how I am going to evaluate them at times; nervousness about that." Supervisors expressed within the data that supervisees' fears regarding evaluation and the misuse of power was a felt sense in many supervisory relationships.

In contrast to negative evaluations, one of the supervisors used evaluation as a way to protect her supervisee from a system she felt was unfairly attacking her:

And at evaluation, I had to really do a lot of—I went way overboard. I used it almost like writing a proposal. You know? It was like research-based. Just to back the student up. And because I can do that—I know how to do that—it overwhelmed that person [the aggressive colleague]. I had to sort of really be proactive. Very professional, research-based, in order to not have this student experience any kind of negativity that was really not applicable at all.

Evaluation was discussed as an important part of the supervisory relationship and participants raised the manner in which evaluations related to the systemic power inherent within supervision.

## **Discussion**

The heart of this study came from the researchers' own experiences in supervision. Having had primarily rich, generative, and expansive experiences in a variety of supervisory relationships, supervision was an area of personal interest. This interest was amplified following a couple of supervisory relationships that the researcher experienced as quite different from those that preceded them. Relational aspects of learning were supplanted in these relationships by hierarchical and didactic approaches that served to narrow the experience and shut down an otherwise historically open, emotional approach to learning. The stark difference was illuminating; raising questions that have not been addressed in the current literature. Subsequently, the lack of literature served to inspire this study. Thus, the aim of this study became a process of inquiry of: a) what are the lived significant and impactful experiences of supervisors and supervisees? b) what are the cultural artifacts and ways of being that are embodied and transmitted in supervision, which inform the current cultural clearing of clinical psychotherapy practice?

The hypothesis was that relational approaches to supervision would be strongly facilitative of connection, safety and mutuality, which would in turn, be generative of rich learning experiences. Whereas in contrast, relationships that emphasized a more didactic and unexamined hierarchical approach would not. Moreover, that cultural intersections, enactments, and amplifications would be present and influential in the supervisory relationships and learning and teaching experiences therein. The hypothesis for this inquiry was directly shaped by the researcher's experience of being a supervisee in a clinical doctoral program, as well as a desire to understand whether her experiences were reflected in the experiences of others, including a sense of the extent to which the intersection of privileged identities, or lack thereof, shaped supervisory



relationships. The hypothesis was also influenced by relational and hermeneutic theory and was unique in its application of Heidegger's concept of the cultural clearing to better understanding the practices associated with supervisory relationships such as evaluation or presence, as cultural artifacts transmitted from one generation of clinicians to the next (Cushman, 2011).

Within this study, three major theme domains captured the narratives of significant experiences in supervisory relationships provided by the participants; Emotional Experiences, Growth and Learning Processes, and Self and Others. Emotional Experiences included data that suggested supervision approached with the emotional life and relationship of both participants in mind was more generative of satisfying learning experiences for supervisees than more authoritarian, didactic approaches to learning that did not attend to emotional aspects of experience. Notable exceptions included times of crisis or ethical conundrums in which supervisees appeared to feel held and supported by the supervisors' expertise and concrete application of their knowledge of systems. This transfer of knowledge too, however seemed to serve to build relationships and trust, overall. Growth and Learning Processes captured stories, which referred to the learning and development of both supervisees and supervisors. This included important experiences associated with personal and professional development, as well as those of witnessing development or of fostering development. Some of the stories provided described a mutuality in developmental processes, whereby the development of the supervisor and the supervisee is concurrent and interactional, in nature. For example, a supervisor related the story of her first supervisees explicitly asking her to take steps necessary to become their supervisor, thereby launching a new expression of her clinical work. Mentorship and accompaniment through crisis were also discussed as significant in this domain. Finally, Self and Others was comprised of themes related to different systems encountered within supervision

and clinical work. This was inclusive of internal systems of the self and all of the significant and personal relationships that the self carries with it into work, interactions between the self and a supervisor or other consultants and collegial relationships, and interactions between the self and institutional systems such as work environments and collaborative institutional partnerships and governing bodies. As the results section identified each theme and subtheme, the most important and unique aspects of the results will be discussed here.

### **Domain 1: Themes Related to Emotional Experiences**

This study found that both positive and negative emotional experiences within the context of supervisory relationships provided a foundation and trajectory for future learning in supervisees' training. Those supervisees that felt emotionally safe in supervisory relationships and free to openly process their emotions during supervision were more likely to take risks, discuss ethical considerations or questions in a timely manner, as well as transfer the depth of their supervisory relationship to their clinical relationships. Conversely, supervisees who did not feel free to experience the full range of their emotions during supervision discussed missed opportunities for learning, chronic non-disclosure of experiences, and an overall feeling of mistrust of their direct supervisor. This recalls the work of Thériault, and Gazzola, (2007) who discussed "broadening and narrowing processes" within supervisory relationships in which supervisees discussed tendencies to become more open and creative or to withdraw into self-protection, depending upon the safety they felt within the relationship with their supervisor.

Rupture and repair processes were identified by all of the participants as significant in their emotional experiences. Safran, Muran, Stevens and Rothman (2007) noted the importance of attending to rupture and repair processes. They stated, "Establishing, sustaining, and repairing ruptures in the therapeutic alliance are among the most important competencies in

psychotherapy.” Participants discussed historical ruptures and the manner in which they directly impacted supervision relationships, including ruptures experienced by supervisors as supervisees, or those experienced by supervisees in entry-level clinical positions that preceded formal training. Meaning made of ruptures within supervisory relationships often depended upon whether repair processes were entered into following the rupture or not. The tendency was for ruptures to continue to impact the supervisory relationship if not attended to in the form of delayed disclosure or nondisclosure, lack of trust and negative feelings overall. Conversely, ruptures followed by repairs were demonstrated to result in an overall deepening of the relationship, learning and clinical work. This was emphasized by Watkins et al. (2015) who explored the power of a supervisory apology in deepening the relationship as well as Friedlander (2015) who presented relational ruptures as an opportunity to model responsiveness for her supervisees.

Interestingly, while supervisors did discuss initiating reparative processes, there were many narratives provided by both sets of participants in which it appeared that the onus of initiating repair lay with the supervisees. This observation raises themes related to power. Hernandez and McDowell (2010) asserted the role power plays in impacting relational safety is significant. It may be possible that the supervisee has more, as the colloquial expression goes, skin in the game, as it were, wherein it is more impactful to the supervisee than the supervisor if the rupture remains unrepaired and therefore a more palpable and intrinsic motivation highlights the need for action within the supervisees, as they seek to re-establish equilibrium in the relationship than within the supervisors. Despite consequences such as relational disconnect following a rupture in supervision, there may be an overarching failure in some supervisors, who would otherwise typically and intuitively recognize a rupture as significant in therapy, to apply

that same sensitivity to ruptures that occur within the context of clinical supervision. One contextual difference in clinical work, which may contribute to this dynamic is the fact that supervisory relationships are often compulsory regardless of relational ruptures, whereas ruptures in therapy are often associated with subsequent dissolution of the relationship and associated termination of sessions.

Vulnerability was recognized within supervisory relationships as important in this study. Vulnerability could be associated with ruptures and repairs but also with other experiences that encompassed taking risks and stretching in other ways. Both supervisors and supervisees discussed significant experiences of vulnerability in supervision, and ways that they were both generative and supportive, if not essential to developmental and learning processes overall. Indeed, several supervisors discussed ways that they attempted to foster vulnerability in their supervisees with this in mind. Nevertheless, vulnerability was also recognized by many of the participants as the very condition that “shut down” learning and foreclosed opportunities for growth. This is supported by the work of Ladney, Hill, Corbett, and Nutt (1996) and Yourman and Farber (1996) whose studies found that nondisclosure among supervisees was often linked to self-protective impulses. Vulnerability also impacted supervisors, though to a lesser extent within the collected narratives. These themes are supported in the literature as salient in the experience of supervisors, especially early on in their careers (De Stefano, Thériault, & Audet, 2013; Downs, 2006; Gazzola, DiMino, & Risler, 2014).

## **Domain 2: Themes Related To Growth and Learning Processes**

Participants in this study also identified significant and impactful experiences associated with growth and learning processes in clinical supervisory relationships. This study found that supervisees were typically more engaged in growth and developmental processes when they felt

they received guidance and support from supervisors in way that supported their capacity to grow as clinicians. Critical aspects of supervision such as open communication, and willingness to take risks required for developmental growth all flowed from this foundation. As noted by Jordan (2017),

... supervisors have the responsibility to support through care and concern, and provide guidance and direction based on their supervisory and clinical experience. ... this encourages beginning supervisees to take risks and grow, especially since many beginning supervisees are highly motivated. (p. 49)

Participants discussed positive teaching and mentorship experiences as well as opportunities to process and make meaning of clinical encounters and learning as salient in this regard.

Participants' conceptualization of the ways developmental processes contributed to training were quite varied in scope. One explanation for this may be that the role of development within supervision is interpreted in a variety of ways. Holloway (1987) suggested that it is possible that developmental perspectives and understandings in clinical training may be emphasized due to the developmental lens within the field of psychology, in general. She stated,

Although it is not surprising that researchers in the field have chosen to conceptualize counselor training from a developmental perspective (after all, most psychologists are educated to think in terms of personality structure and change), there are some equally appealing and more heuristic ways in which to approach the understanding of the trainee's learning experience other than developmental paradigms. I entertain a few of these ideas, not because I am convinced that developmental modeling in supervision is misguided, but rather because it is so intuitively attractive that I fear it will not be sufficiently challenged before psychologists are convinced of its validity. As Hess (in

press) commented in a recent paper on supervisee growth, “these (developmental) schemas are heuristic devices to help understand the student but may be a function of shared fictions by the authors.” Alternative explanations for trainee change may be that the supervisory relationship itself creates a trainee's initial vulnerability and final independence. (p. 215)

This observation notwithstanding, highlighted areas of development in participant’s narratives included the development of critical thinking and clinical voice, interpersonal development, and a sense of self-confidence and competency.

Development was identified as occurring in both supportive and difficult contexts and often involved relational rupture and repair. Supervisees commented that the supervisory relationships that they found supportive of these processes included a sense of attunement with the supervisor, confidence that they were not being negatively appraised or judged unfairly, and the sense that the supervisor trusted and listened to the supervisee, had clear boundaries, and clear communication. This is reflected in Downs’ (2006) writing about authenticity in supervisory relationships when she wrote, “Authenticity is fostered when a person believes she will be heard, understood and respected” (p.10). While development occurred under both supportive and challenging conditions, barriers to development were often identified as well.

The significant growth and learning experiences identified in the narratives were almost all encapsulated within the scope of the relationships they described. Hopes expressed by supervisors regarding developmental processes of individual supervisees, sometimes included anticipation of positive collective developmental processes as well. Supervisors sometimes expressed hopes that supervisees might not just maintain the professional status quo, but in some ways, might progress the field. This construct suggests that the development of supervisees is

connected to the field as a whole. This was highlighted in the supervisors' expressed desire to one day interact with supervisees as colleagues.

Participants' stories regarding impactful experiences of the reception and integration of didactic information were far fewer than those which referred to process-oriented, relational encounters, supporting the notion that impactful and significant growth and learning is inspired, shaped and guided by the experience of the relationship in which it is unfolding. Relational accompaniment proved especially meaningful to supervisees during times of crisis such as the suicide or death of a client. This was echoed in the work of Knox, Burkard, Jackson, Schaack, and Hess (2006) who observed in their study that "a solid supervision relationship set the stage for the later work that needed to occur between supervisor and supervisee after the client's death" (p. 553). Participants in this study too, asserted that meaning-making by trainees was profoundly impacted by the type of support and experiences surrounding the crisis.

Supervisors discussed their experiences in supporting the supervisees' learning processes through teaching and mentorship. Many expressed how rewarding and profound it was to witness their supervisees' growth and developmental transitions as they shifted into their roles as clinicians and ultimately, as peers. Though developmental models of supervision would seem to broadly support the findings within this particular study, it should be noted that there was no particular developmental model of supervision described by supervisors in discussions of significant or impactful experiences in supervision. Rather, what was more significant was the manner in which the supervisors' past and present experiences, learning and development intersected with the trajectory of the supervisee. When examined within all of these dynamic components, it may be said that supervisors understood there to be a developmental arc for all

supervisees that moved through intra and interpersonal themes such as, self-confidence, critical thinking, and becoming a colleague or a peer.

The supervisors' development, past and present, was revealed to be of significance and influential in the supervisory relationship. Supervisor participants offered many examples of how past experiences as supervisees served to amplify and sometimes cement or entrench later approaches to clinical work and supervision. These themes suggest that the unique past training and developmental experiences of the supervisor and the ways they intersected with the supervisee generally impacted the way in which growth and learning was transferred within the relationship.

Supervisors discussed their own experiences of growth and development through supervisory relationships, whether it be through exposure to ideas their supervisees were bringing to session, the experience of repairing a relational rupture, or taking on new professional steps to meet the needs and requests of supervisees who inspired them to grow. These experiences were described as professionally unique and personally significant to supervisors within the scope of their careers.

The lived experiences of the participants in this study showed that like their supervisees, supervisors, over time became more confident in their clinical voice, became increasingly comfortable with vulnerability, and benefited from the support and collaboration of others in progressing along this trajectory. Supervisors discussed developmental trajectories with conflict styles, examination of identity and associated areas of privilege, and increasing levels of self-awareness.

All of the supervisees sought out and appreciated the opportunities embedded in supervisory relationships for teaching and mentorship. They specifically appreciated



opportunities to connect, collaborate, and learn from their supervisors. When it was unavailable, or curtailed by rupture, disconnection, or dearth of opportunities, they were likewise disappointed. Regardless of the outcome, whether it be that of opportunities to grow or demonstrated a marked lack thereof, supervisees were significantly impacted and effected.

Supervisors described opportunities to teach and mentor as significant to them for a number of reasons. Beyond finding it enjoyable and enriching, supervisors reported feeling a sense of pride and “investment” in the accomplishments and developmental strides taken by their supervisees. They described feeling intellectually engaged and challenged by their work in a generative manner. Often, they felt a profound and genuine sense of caring for those that they had supervised. Many supervisors discussed ways that they found it meaningful to share their experiences within the profession, in a particular specialty or through embodying a particular identity, which intersected with their role as clinicians.

Participants’ discussion of the importance of supervision that was nuanced, thoughtful and informed in the treatment of cultural identities and intersectionality in establishing emotional safety and satisfaction, inclusive of the critical nature of opportunities for mentorship was borne out in the literature (Arczynski & Morrow, 2017; Falender, & Shafranske, 2014; Gatmon, Jackson, Koshkarian, Martos-Perry, Molina, Patel, & Rodolfa, 2001). Both white-identified supervisees and supervisees of color discussed these themes, but it was especially meaningful to the supervisees of color to have access to models from communities of color or, barring this, mentors who are advanced in their cultural awareness, open attitude and non-judgmental stance in establishing safety and positive experiences of vulnerability. This finding was reflected in the study by Chung, Bemak, and Talleyrand (2007) that explored the intersection between different cultural backgrounds and mentorship relationships. Reynaga-Abiko (2010) also found that

cultural background and mentorship relationships created experiences of trust and vulnerability through her exploration of dynamics inclusive of trust and vulnerability and how that was impacted by cultural intersections between herself and her supervisees.

This study found that mentorship distinguished itself from other experiences of teaching in its emphasis upon stories regarding feeling emotionally held, loved, or taught through identity practices that were significant in that they both encompassed and reached beyond the scope of professional identity, touching other identities and life experiences. Thus, mentorship within the narratives came to represent special relationships that fostered development specifically in areas that were salient for the dyad that went beyond clinical work, and that seemed to center on issues of race, class, sexuality, gender, or motherhood. Mentorship experiences seemed to be oriented towards recognizing the unique strengths and intrinsic value of the supervisee. There also were aspects within some of these narratives that highlighted the strengthening of resilience in the face of marginalization or oppression associated with different identities.

**Mentorship when identities are invisible.** Several participants described experiences of gratitude when supervisors shared invisible identities and parts of themselves. It was highlighted in stories regarding class, race (indigenous), sexuality, and parenthood. This was often facilitated through an explicit disclosure or through a supervisee specifically seeking out information from a known and trusted supervisor. Through this encounter and subsequent mentorship experiences, supervisees reflected they increased in confidence about asking questions regarding the intersection of being a therapist and the particular identity in question. For example, what does it mean to be a gay man and a therapist or to be a therapist and a mother, or a therapist and be from a low SES background?

### **Domain 3: Themes Related To Self and Others**

**The self.** Themes related to participants' sense of themselves and others arose throughout this study. All of the experiences associated with supervisory relationships were experienced through the selves, by the selves, and upon the selves of the participants. Within the narratives collected there were often themes that directly addressed the experience of intersection of identities.

One of these intersections was between the self and the role of being a clinician. Themes related to ways in which participants contextualized their clinical work highlighted the inseparable condition of the self and the professional role. For example, vulnerability, a quality often characterized within the data as essential for learning was embedded in several narratives that focused upon this intersection of the professional and the personal. As such, all of the participants discussed ways that personal lives and identities were drawn upon as their presence was normalized within supervisory practices.

The presence of the self in clinical work extended beyond counter-transferential dynamics into other aspects of one's humanity, such as the experiences of empathy, presence, and connection with another. Some of these experiences were positive and others lay participants open to pain, oppression, and exploitation. The reason that they were all raised as significant is the fact that those experiences, for better or for worse, stayed with the self, over time.

The conceptualization of goodness of fit describes what happens when two individuals meet, when individual selves come together and form a supervisory dyad or group. Goodness of fit can be interpreted as a notion used to describe a sense of compatibility or incompatibility with another in a supervisory relationship. At times, fit indicated some type of sameness, wherein one

recognizes another as familiar and feels an instant sense of fit. Cultural backgrounds, regional backgrounds, age, gender all of these shared identities have the potential to contribute to this phenomenon. Beyond sameness too is a sense of personality. A feeling that whomever the person is matched with has a personality that meshes or does not mesh with another's. A sense too of complimenting one another in one another's' differences arose in conversations regarding goodness of fit.

A bad fit seemed to describe the opposite effect; difference, incompatible personalities, divergent values, and the same ambiguous sense of wrongness that is the counterpoint to a good fit's rightness. The inclusion of these ideas in the data set described a concept that feels so intuitive to participants that there is no better way to illustrate the phenomenon but acknowledge the idea as a cultural artifact; this idea of "goodness of fit." And yet, just as they are named, they seem to invite questions. There is something about this idea that evokes in-group and out-group dichotomies and euphemism. This may be why this idea regarding fit remains necessarily ill defined. How these dynamics play out in supervision is striking. The difference, for example, is described starkly within the data between a lifelong friend and mentor and a supervisee who "didn't learn very much from me" that year. Given these questions, one wonders whether accurate attunement might be a worthier goal and pursuit than it's more passive and nebulous cousin, "good fit." Conversely, from a relational perspective, some researchers see goodness of fit as a way not to dismiss problems but to invite possibility and decrease the personalizing of problems within a dyad. Ornstein & Moses (2010) stated,

(...) in a relational approach the assumption is that the location of a problem is in the goodness of fit between the two people and does not reside in one person or the other.

This approach urges both people to reflect on the nature and quality of their participation in the problem and especially on their role in the solution. (p. 110)

The suggestion is that depending upon ones' conceptualization of the implications of dynamics of fit goodness of fit can be utilized as a productive force or an instrument for dismissal.

Presence was another cultural artifact identified in this study. It is a quality that was described by many of the participants both as a value within their clinical practices and as a way of being. In a study aimed at defining therapeutic presence, Geller and Greenberg (2002) suggested that,

Therapists' presence is understood as the ultimate state of moment-by-moment receptivity and deep relational contact. It involves a being with the client rather than a doing to the client. It is a state of being open and receiving the client's experience in a gentle, non-judgmental and compassionate way, rather than observing and looking at or even into the client. Therapeutic presence means being willing to be impacted and moved by the client's experience, while still being grounded and responsive to the client's needs and experience. (p. 85)

Presence was referred to as a rare art and as a missing and needed component under times of stress, duress and sadness. Clinical work distinguishes itself in the minds of some of the participants as being a well-suited practice in evoking presence in an increasingly disconnected and plugged-in world. Presence was also thought to facilitate connection with another as well as reflection within oneself. It turned up as a creative energy that is intrinsic to good therapeutic work and sorely missed when absent.

Adjunctive or alternative consultation experiences were encapsulated by the subthemes known as Other Voices.

***Other voices.*** These consultation experience which surrounded supervisory relationships and practices, were often discussed by participants as significant contributors to their experiences. Through this study, it became evident that supervisory relationships and practices were silently partnered by a host of other consultations by both members of the dyad. These other voices might be conceptualized as supportive of the supervisory processes or interfering with development but regardless of how they were viewed, their presence provided a constant thread throughout the stories of the participants and appeared inevitable in their contributions. Insomuch as this is true it may be appropriate for supervisors and supervisees to engage one another more directly and ask what are the other voices contributing to the others' thinking in session.

***Encountering difference.*** Integral to the experience of supervision are opportunities to encounter the unknown or at least the not well known. Dependent upon how these encounters unfold are myriad outcomes. Toporek, Ortega-Villalobos, and Pope-Davis (2004) noted in a study that examined perspectives of both supervisees and supervisors in regards to "critical incidents" regarding multicultural supervision,

Multicultural incidents in supervision influence the supervision process and multicultural competence of supervisors and supervisees. This influence may be positive or negative, depending upon the relationships and the manner in which the cultural issues are addressed. This finding is important because it suggests that the relationship may be a pivotal component of multicultural supervision that moderates how all other experiences are perceived. (p. 79)

Participants in this study also discussed encountering different clinical frameworks and told stories of vigorous discourse, expansive openings and certain disconnection when encountering different theoretical frameworks.

Identities offered opportunities for encountering and negotiating difference. This study found that during intersections with a differently identified person in supervision participants tended to have experiences ranging from abject oppression to generative growth. Often times, the experience lay somewhere in between, touching upon themes inclusive of unexamined enactments of insensitivity and inaccurate assumptions. Some participants engaged in roles as educators or translators in regards to their community when this would occur, others explicitly determined and articulated they would do no such thing.

Approaches to discussing differences were also wide ranging. Some supervisors chose not to raise the subject until a client's identity brought questions of culture into the room. Others raised the subject of the intersecting identities present as a rule at the initiation of the supervisory relationship. Still others, while not initiating conversations about difference explicitly at the outset, maintained and modeled a commitment to make no presumptions in regards to identity, but rather be open and interested as the subject presented itself. This finding was of particular interest to the researcher as it highlights the fact that there may be no one best practice in regards to discussing differences but rather that alertness to the intersection of different and shared identities and experiences between the two or more people in the room might be the best guide in how to address differences.

***Systems.*** Systems refers to the institutional systemic contexts like community mental health organizations, college counseling centers and hospitals that clinical work often happens in. Supervisors were more likely to view these contexts as supportive than supervisees. Many

supervisors appreciated the opportunities they afforded to consult and collaborate with others, as well as the safety they associated with systems from liability concerns, due to their robust legal support. Some supervisors also appreciated the structure that an institutional system tends to bring. Some of the participants, both supervisors and supervisees, had positive and meaningful experiences working at culturally centered organizations whose values sometimes were more aligned with their own than they typically encountered in more traditional mental health organizations. In this way, institutional systems also proved supportive.

More often than not, institutional systems were experienced by supervisees, and supervisors as overwhelmed, and even sometimes hostile places to learn and work in. Supervisees described being exposed to apathy, depression, and high levels of stress in these environments. This was often linked to the sense that there were too few resources for the mission the institution was devoted to or that the administrative bodies that governed the institution had little understanding of the actual needs of the clinical staff and the clients that they served. This perspective was echoed by several of the supervisors as well, many of who elected to start private practices rather than maintain a presence in these environments. Supervisors who supported supervisees in these difficult contexts often felt protective of the supervisees and tried to use their power as leverage in advocating for them and shielding them from oppressive forces. Interestingly, while supervisees discussed the sense that their supervisors had a lot of power, supervisors often viewed their own power as delimited in these settings. This lack of confidence in their own influence may explain why rather than use what power they have to address those oppressive machinations and systems present in the institutions directly, they tended to work towards educating the individual supervisee on how to navigate them or be protected from them or even leave them behind as many of the supervisors chose to do.



Power was a major theme in the participants' narratives. Participants described hierarchical power most often in a negative sense but sometimes highlighted a sense of safety or cultural familiarity in regards to benevolent forms of hierarchy. Supervisees commented upon abuse of power more commonly than the supervisors. This may reflect the legacy of hierarchical systems of power within supervisory traditions. Holloway (1987) discusses a conceptualization of power in supervision as instructional and functional in creating autonomy. Holloway (1987) stated,

(...) the trainee's feelings are not intrinsic to becoming a counselor or establishing a professional identity but are a result of being in an intensive, evaluative, ongoing, and demanding relationship. In most formal relationships, particularly of inequitable power, there are feelings of vulnerability and requests for specificity of role expectations expressed by the subordinate partner. As trainees become more accustomed to the role of supervisee and as they progress toward learning a profession, they naturally become more confident and focus on the tasks of counseling rather than on the degree of support in the supervisory relationship. (p.215)

Holloway (1987) suggested that the discomfiture of the hierarchy in supervisory relationships is necessary to further supervisees' independence. While the language with which she describes this idea may sound antiquated, the results of such legacies are often felt and reflected back in the stories of supervisee's negative experiences of power and hyper-individualistic values embedded in training programs.

Supervisees described abuses of power as occurring in many different ways. Often times it was associated with being asked to do more work than was appropriate, not being respected, or disregarded. Supervisees tended to shut down in these contexts and disengage from their

supervisor. Sometimes supervisors would play intermediary roles on behalf of supervisees who were experiencing abuses of power within institutions. Both supervisees and supervisors also highlighted collaborative experiences of power. Supervisees discussed feeling supported in contexts characterized by collaborative approaches to sharing power. Supervisees tended to feel more respected and included in these kinds of relationships.

Evaluation and associated dynamics were named frequently in discussing significant experiences of the use of power in supervision. Evaluation was seen by many of the participants as an extension and expression of power dynamics. Some supervisors discussed ways that they tried to mitigate these dynamics. This was in contrast to stories shared by some supervisees in which they witnessed supervisors leveraging evaluation as a “threat”. Many of the supervisees described strategizing in relation to the evaluation through impression management approaches. Some supervisors discussed struggling to become comfortable with their role as evaluator. Gazzola, et al. (2013) noted that this can be especially evident in new supervisors,

Also, with new roles come new responsibilities, and supervisors may be unaware of what that entails. We see this clearly in the stresses associated with the gatekeeping or evaluative functions inherent in the role of the supervisor. The literature consistently shows that evaluation is a factor that interferes with the collaborative, interpersonal requirements of supervising beginning practitioners. (p. 35)

One aspect of evaluation that was made clear through the stories of the supervisees was that as long as they are being observed, they are being evaluated. For example, a supervisee discussed an overheard and arguably misinterpreted conversation making its way into her evaluation and having a deleterious impact. Panoptic conditions like these contributed significantly to supervisees’ sense of safety, well-being, and ability to be vulnerable in their

supervisory relationships and places of work. One of the supervisors did share a positive experience associated with evaluation, in that she was able to use an evaluation as a form of protection for a supervisee who was being targeted unfairly by the system she was working in. The singularity of this specific example and the heft of all the many challenging and destructive ways that evaluation was highlighted by participants suggest evaluation processes in supervision may benefit from further attentive thought and reflection.

### **The Cultural Clearing of Psychology and Supervision**

From the framework of the original hypothesis, it is important to examine the results of this study within the larger cultural clearing of psychology. The cultural clearing is a Heideggerian concept, which acknowledges that the time, and place a given group of people occupies informs the value systems, shared understandings and practices that are either engaged and amplified or dispensed with, ignored or left unseen within a culture. For the purposes of this inquiry those who currently practice psychotherapy were treated as a cultural group who engage with cultural artifacts of psychotherapy such as therapy practices, research practices and supervision practices, among others. Participants were asked to speak to shared understandings and practices within clinical supervision, bringing to light the artifacts of clinical practice and supervision that were highlighted within their training. The study sought to gather the narratives of supervisors and supervisees to establish patterns across participants and label the artifacts and how they were experienced and utilized across supervisor and supervisee experiences.

The literature review prior to data collection revealed that over time the horizon of understanding and cultural values associated with clinical supervision has both shifted and rebounded in turns. Within the cultural of psychotherapy practitioners this horizon appears to bifurcate along the lines of positivistic and relational values. While this dynamic reaches back

into the early discourses between followers of thinkers such as Freud and Ferenczi, echoes of this dichotomy remain tenaciously present within training experiences recalled by participants who occupy the current cultural clearing.

Within the present study, participants evoked both positivist and relationally informed experiences when discussing clinical supervision. Positivist or objectivist perspectives arose through an emphasis upon competencies, liability oversight, linear developmental models and expert and pupil dichotomies. This is remarkable within the context of this inquiry as none of these values were emphasized as positive for participants. Rather, experiences of feeling loved, mutuality, co-learning, feeling trust and having opportunities to be vulnerable were highlighted repeatedly as cherished in the training trajectories of participants. The split that was historically seen within literature on supervision was reflected within the present data gathered from participants.

Positivist and relational experiences served as touchstones for later transmission of values within this group of participants. Supervisors expressed the importance of positivist understandings, such as learning milestones and guiding people away from the profession, whereas relational values were also transmitted within modeling vulnerability and self disclosure. The cultural clearing for supervision, and for psychology as a whole, was expressed as emphasizing positivist understandings over relational values. This can be understood through a metaphor of a large statue within a clearing that celebrates the scientific achievements gained within psychology, but that obscures and hides what is known and loved about the practice of therapy and supervision, which is the love, compassion

An example of this phenomenon was demonstrated by Nagell, Steinmetzer, Fissabre, and Spilski (2014), who completed a factor analysis which examined fits and discrepancies between

supervisees and supervisors, in terms of supervisees wishes for supervision, approaches to supervision by supervisor, and associated diverse styles of reaction of supervisees to the interventions of supervisors. Two-hundred and five participants completed questionnaires, including 78 supervision dyads from 28 psychoanalytic institutions of learning. Analysis included comparisons between advanced and beginner trainees and child vs. adult oriented trainees. Data derived from the study suggested that supervision experiences that emphasize relationship competence alongside skill and technique development in their approach demonstrated significant results in terms of identity development of the supervisee and satisfaction in both the supervisees and the supervisors. This notwithstanding, the most common approach to supervision evoked by the supervisors overall in the study was a “Defensive-controlling” style. These results were most pronounced among males who worked in systems that included evaluations which were shared outside of the supervisory dyad in the larger system. Further, this approach to supervision was not explained by the developmental position of the supervisee as it was reported equally among both beginning and advanced dyads. All participants expressed the highest level of satisfaction from a working approach classified as “experience and relationship oriented” and even though the majority of the supervisors enacted a more authoritative approach to supervision, it was discovered that the majority of supervisors found this as an unsatisfying way for them to work as well. This study points to the ongoing influence of authoritative and positivistic approaches to supervision which persist even in a context of ambivalence expressed by the supervisors themselves and the overwhelming endorsement of a more relational approach from both supervisees and supervisors. It suggests a competing paradigm, which is deeply rooted within the practices and values of clinical supervision today.

Nagell et al. (2014) demonstrated the tension that remains evident in the cultural artifact of clinical supervision. It supports the narratives of the participants in this study that overwhelmingly supported the need for attentiveness to relational dynamics both within the supervisory dyads and groups as well as the systems themselves. Nagell et al. (2014) noted that supervisees tended to be more open and supervisors less controlling when the approach to evaluation within the system was classified as “non-reporting.” In as much as this is true, it exemplifies ways that policies and procedures can also create a culture, which is either supportive of expansion, growth and connection or foreclosing of those self same dynamics. Participants in this study too pointed to cultural artifacts such as evaluation practices and procedures, institutionalized systems of oppression and narrow interpretations of professionalism as delimiting the process learning.

### **Recommendations Based on Data**

The data in this research study, alongside prior research, offers a perspective on how supervision might be handled within the context of the present cultural clearing in which the profession of psychology resides. Practitioners of supervision and their supervisee counterparts may wish to find a balance between the demands of positivistic understandings within the field, and the important relational values that were highlighted as being the cornerstones for emotional safety, growth and development. Finding the balance point between positivism and relational values for the field of psychology is beyond the scope of this research exercise. Rather than solving this continued debate within psychology, the following suggestions are intended to offer examples from this research study that opened supervision towards emotional, clinical, and relational growth.

**Emotional Experiences.** Data derived from this study suggests that due to the inherently emotional nature of clinical work and clinical supervision for most participants, development of emotional connection and safety within supervisory dyads is highlighted as paramount and primary before skill acquisition and technique development should be engaged and then, once established should be nurtured and attended to alongside developmental learning goals throughout training. This recommendation would move consideration of emotional and relational well-being from a peripheral position to a central one in approaching training goals. Relationships that evidenced a felt sense of respect, mutuality, empathy, trust and vulnerability were highlighted by participants as being most positively significant in their training experiences and most facilitative of taking the risks necessary for growth and development in clinical work. Increased focus upon the health of supervisory relationships and communication is recommended based upon these findings.

Supervisee participants indicated that supervisors who were willing to share some details about their personal experiences, feelings and vulnerability felt increased safety in reciprocal levels of openness. Supervisors are encouraged to examine where they might share aspects of their own experiences in order to foster this sense of mutuality. Supervisors within this study iterated multiple times the idea that sharing from personal experience required being mindful of who benefitted from their personal disclosures. This internal questioning process seemed to be integral to creating a sense of vulnerability that was not disruptive of the supervisees learning.

Dynamics of rupture and repair were highlighted as significant within the data. While rupture and repair may be well understood and anticipated in therapy relationships, there seemed to be variable levels of awareness of their significance in supervision within participant narratives. The fact that many of these relationships are compulsory contributes another layer as

to whether, when and how relational ruptures are repaired. Often, participants reflected that it was the supervisee that initiated these actions, which may reflect the fact that the power arrangement in these relationships makes it more immediately significant for the supervisee when conflict arises. That being said, it is recommended that supervisors endeavor to directly and quickly attend to relational ruptures in order to foster growth and avoid consequences of unrepaired rupture. Unrepaired ruptures were reported by supervisees as leading to non-disclosure, reticence to take risks and waning respect on the part of the supervisees, and were often characterized as being kept from the supervisor's awareness due to the high risk and inherent power dynamics felt within ruptured supervisory relationships.

**Growth and learning processes.** Recognition of development as a potentially diverse and varied process is recommended based upon the findings of this study. Rigid, linear developmental models and competency-based checklist approaches to supervision seemed diminishing in their returns. Data and literature suggest that they may reflect positivistic approaches to evaluation of learning and the developmental legacy associated with early stage-based psychodynamic models. In contrast, relational and creative approaches that take into account previous work and life experiences of supervisees may provide a more nuanced, flexible and fruitful context for learning.

Challenges in clinical work and supervisory experiences proved dynamic opportunities for both expansive and restricting tendencies to develop within supervisees, depending upon the way that “mistakes” were approached in supervision. Approaching these experiences directly, with curiosity, clarity and empathy is recommended rather than through shaming, ridicule or criticism. Data suggests that this distinction is not always self-evident within the field, especially in systemic contexts characterized by consistent pressure and lack of resources. However, open



conversations regarding power dynamics and how they intersected with the supervisee's ability to be open about challenges was highlighted as beneficial by supervisees and supervisors.

The fact that supervisory relationships are characterized by change as supervisees evolve from subordinate to peer provides unique mentorship opportunities and relational complexities. Some supervisors described a lack of personal clarity surrounding how to navigate this aspect of supervisory relationships as they shift. Supervisees in turn discussed frustration associated with an overly didactic, hierarchical approach to supervision; it may be that there is a disconnect between assumed need for directive intervention and supervisee's wish for greater levels of collaboration. It is recommended that an explicit exploration of these assumptions be incorporated throughout supervision in order to better facilitate a generative and collaborative partnership within dyads or groups.

Mentorship was highlighted as a significant and desirable experience by supervisees. Supervisees from marginalized communities articulated the transformative and powerful experiences that they encountered in relationships with supervisors from similarly marginalized communities. They spoke both to the value and rarity of these experiences. Their suggestion that increased opportunities for this type of mentorship should be fostered within educational and mental health systems is strongly echoed here. There were unique and critical benefits associated with this type of learning which institutions should seek to provide. Similarly, many of the participants who hailed from dominant communities, most particularly white communities, highlighted the fact that most of their training was from white supervisors. This circumstance delimited opportunities to develop ally identity-based understandings or insight into why it might be beneficial to brave any discomfiture associated with encountering difference in supervisory relationships. For example, a white supervisee participant who worked with the Latino

community discussed both skirting working with a Latina supervisor and choosing not to consult a Latina clinician at her site, rationalizing that white supervisors who have “an analysis of race” are likely sufficient in providing the insight she needed in working with communities of color, without having ever had a relationship with a supervisor of color. Therefore, it is recommended too, that educational and mental health systems seek to connect white supervisees with supervisors of color during part of their training as well. Both recommendations speak to increased focus and attention upon hiring practices and educational opportunities and support for members of marginalized communities who wish to pursue a career in mental health. This recommendation is embedded within a larger mandate that dynamics of institutionalized oppression are addressed and redressed within those organizations that provide mental health training and care.

Themes related to crisis and death, particularly associated with suicide, arose as a common and ubiquitous aspect of mental health work and supervision. Participants discussed immediate access to careful supervision as critical in the outcomes they experienced in these contexts. Supervisees who felt accompanied and experienced robust supervision described positive outcomes both in their relationships and in their overall learning, including the ability to heal from the loss and sense of guilt they often experienced. Supervisees who experienced cursory or purely electronically-based supervision struggled to rebound from these traumatic losses and tended to personalize the events more deeply. It is recommended that supervisors seek to meet personally with their supervisee as soon as possible during or following a crisis in order to ameliorate the distress of the supervisee and maximize the potential for generative learning during the experience.

**Self and others.** Data associated with discussions of the self as a primary instrument in the provision of psychotherapy also point to increased opportunities to develop practices associated with care of the self in supervision. Conversations regarding the importance of being present in clinical work as well as those that highlighted the myriad pressures trainees and their supervisors balance suggest the need for explicit training in self-care for those engaged in the provision of mental health. Narratives discussed self-care more often as something that was encouraged but not necessarily demonstrated. It is recommended that supervisors continue to seek out ways to make this more explicit in their work with supervisees, and work within their systems to carve out space for self-care practices so that they are not overlooked.

Considerations of goodness-of-fit within the data highlighted the need to think critically about assumptions that lead to these types of attributions. Recommendations in regards to goodness-of-fit dynamics include doing an inventory of what is contributing to this analysis as well as creative approaches to bridging the gap when it is determined that an interpersonal fit is challenged. This may include consultation and personal reflection on the part of individuals engaged in supervisory relationships.

Consultation appeared to be a ubiquitous practice among participants from both supervisor and supervisee cohorts. Other voices outside of supervisory relationships were weighed sometimes explicitly and other times implicitly. For supervisees, this practice was especially evident when the supervisory relationship was stressed or hampered in some way. Given the level to which supervisees engage in this type of informal consultation, one recommendation may include explicitly asking about the type of counsel they are receiving. Including the powerful opinions of peers in a crystalized manner would offer opportunities for these voices to be evaluated and explored explicitly, rather than impact clinical work as silent

and unexamined partners. Supervisors and supervisees expressed appreciation for learning how to navigate consultation with peers, and were able to concretely state how this would translate to their clinical practice after they were done receiving supervision.

Narratives surrounding evaluation were often at the heart of experiences of power in supervision. Many supervisors sought ways to mitigate the effects of this impact while other narratives from supervisees included tales of supervisors capitalizing upon it. The literature suggests that these dynamics are amplified in systems where evaluations go on to be reviewed by others outside of the supervisory relationship. Recommendations here include an examination of what role evaluation must necessarily have in a given system. What are the implicit benefits and what are the costs? These will undoubtedly be different depending upon the system. However, given that evaluation so often was highlighted as a negative experience with far reaching consequences by participants in this study, a careful and thoughtful review of how to execute evaluations should be considered. Supervisors and supervisees expressed awareness that evaluations that inspired fear or felt panoptic were met by the withholding of information by supervisees, a sense of guilt by supervisors, and an overall dissatisfaction with the supervisory relationship. Systems played a highly impactful role in supervision, therefore, the strongest recommendation is to have open conversations and to understand the fear and control that can often manifest in these evaluative practices.

These suggestions serve as informed directions for exploration within the current cultural clearing in clinical supervision. Participants' narratives spoke to the wide sweep of possibilities as each one sought to make meaning of their clinical experiences through their supervisory relationship. As supervisees and supervisors seek to extend the horizons of current practices

considerations of relational dynamics, and embedded artifacts such as vulnerability, presence, and courageous inquiry will serve to support this process in their many and unfolding iterations.

## **Strengths and Limitations**

### **Strengths**

**Two stakeholders.** This study was unique as it examined the perspectives of two stakeholders within a supervisory relationship and the cultural practices embedded within that relationship. The benefits of this form of analysis is multifaceted as acknowledging the validity and importance of the two perspectives offered a deeper, richer, and more complex understanding of impactful experiences within clinical supervision than would have been possible if only one perspective was highlighted. Additionally, exploring two perspectives within a relationship, specifically within the supervisor-supervisee relationship, is rare and underrepresented in research.

**Diverse sample.** Although the participants shared group membership as therapists who had been involved in practices associated with clinical supervision relationships, the individual members were diverse in an arrange of domains. The diversity represented made it possible to examine and reflect upon a broader scope of experiences associated with clinical supervision. As a result, the discourse elicited through the process of inquiry was not only that of dominant cultures' but also represented the experiences of many intersecting identities and the non-dominant culture.

**Incorporation of art practices.** This study was also unique in that it included art practices as a way for the researcher to reflect upon and gain a deeper understanding of their role as a researcher interpreting the data, as well as, allowed the research to gain greater insight to the themes appearing among the narratives collected. For example, as a result of the art making process, the researcher became aware of connections in the narratives that were not seen or below cognition before making the art. Moreover, the art practices assisted the researcher at

exploring and understanding the narratives and themes in a more nuanced way, which built upon itself, throughout the research process. This building of awareness, through each narrative, which then in turn influences the ways in which a researcher will view the remaining narratives, is in direct alignment with the Interpretative Phenomenological Analysis (IPA) model. In this regard art served as a way to document the process, as well as, a way for the research to integrate the data gathered in a more coherent and nuanced manner.

### **Limitations**

**Sample.** While this study maintained fidelity to the overall precepts of IPA, there are some departures which challenge some of the typical guidelines associated with IPA. For example, IPA's commitment to draw rich data from small and homogenous groups may be challenged by the diversity of the sample. This study treated clinical mental health professionals as a cultural group in and of itself, engaged in shared practices and understandings. In this way, the sample was, in fact, homogenous. However, intersecting identities were broad and far-reaching in regards to demographics and clinical disciplines. This decision and the small sample size overall, make it impossible to generalize the findings. A further challenge to the typical guidelines of IPA is in the construction of the study as encompassing two stakeholder groups; supervisors and supervisees. This decision necessitated a somewhat larger sample size than that of typical IPA studies, which generally range from eight to twelve participants. In this design, that number was doubled to account for the two individual cohorts of 10 each.

**Recruitment.** In this study, convenience and snowball sampling draws upon the researcher's acquaintances, and those acquainted with them. This, necessarily, is influential upon the participant pool and impacts significant thematic trends within the data. For example, the researcher has been trained in art therapy and is involved in the art therapy community. As a

result, there may be a larger presence of art therapists among the participants than would have been there otherwise. Another influential factor in recruitment was a connection with a member of the relational psychoanalytic community. Interest from participants in this community offered a unique voice that shaped themes in the research, which may not have been as well represented if the researcher did not have this connection.

**Shared experiences.** A further limitation of the study lay in the researcher's identity and experiences as a trainee, actively engaged in supervision. During the research and writing of this study the researcher was engaged in her internship year as a doctoral student. This likely impacted her perspectives as some of the themes in the research were arising concurrently in her own training.



### **Future Research**

Several areas of inquiry are implicated by this study. Aspects of supervisees' experiences offer compelling directions for further study. From a cultural perspective, themes related both to mentorship and identity-based enactments would benefit from attention. In terms of learning and development further inquiry into presumptions about the predictability of developmental arcs would be of interest as there were diverse perspectives associated with this question represented among the participants. So too would an inquiry into process-based versus didactic approaches to supervision. Most of the supervisees named a clear preference for process-based supervision. Notable exceptions tended to arise during times of crisis or in the context of ethical questions, which in of itself suggest further inquiry. Themes related to accompaniment, especially during crisis would be of interest as well.

## Conclusion

The narratives in this inquiry point towards the strengths of relationally oriented paradigms in supervisory relationships. There are clear indicators that suggest a responsive, process-oriented, and culturally attuned supervision is preferable to supervisees over didactic, overly hierarchical, and administrative approaches that treat developmental processes as a homogenous and predictable chain of events. Narratives in this study strongly suggest that emotional safety and emotional vulnerability are the bedrock of successful supervisory relationships and deep learning experiences. Conversely, supervisory relationships that are unsafe predictably lead supervisees to shut down, avoiding disclosure, and delay conversations about ethical questions. Rupture and repair both were highlighted as arenas wherein these important dynamics play out and therefore are deserving of thought and reflection in supervision.

There were diverse opinions among the supervisors in regards to development, but all of them agreed that it was a rewarding experience to witness and be a part of. Opportunities for supervision and mentorship relationships with supervisors of color was identified as meaningful and rare. Some of the supervisees of color indicated that the empathic response and insight of supervisors of color was experienced as transformational in its' impact upon their growth and development in the field.

Systems were represented as sometimes supportive in the eyes of supervisors who appeared to value the structure, legal backing and community therein. Of particular note were the narratives of clinicians who had experiences working in agencies that supported and were staffed by their own communities. Supervisees were less enthusiastic about systems and they often contributed to experiences characterized by stress, overwhelm and disempowerment.

Identity-based enactments of oppression that are present in the larger culture were encountered both in supervision and in client relationships that were processed in supervision. Accompaniment through these experiences and through crisis like client suicide and death was impactful to participants. As was the presence and support of peer relationships.

Relational approaches to supervision were demonstrated to be most effective in supporting supervisees and fostering mutuality and connection in participants' supervisory experiences. Artifacts within the field of psychology such as supervisory evaluation and presence are transferred from supervisor to supervisee through the supervisory relationship, as are those artifacts in the greater culture such as dynamics of oppression and liberation.

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## Appendix A

### Response Art to Supervisee Interview Data

## Appendix A

### Response Art to Supervisee Interview Data

**Image 1.** Response art. *Image completed in response to Supervisee “April” interview data.*



**Image 2.** Response art. *Image completed in response to Supervisee “Jana” interview data.*





**Image 3.** Response art. *Image completed in response to Supervisee “Victoria” interview data.*



**Image 4.** Response art. *Image completed in response to Supervisee “Hope” interview data.*





**Image 5.** Response art. *Image completed in response to Supervisee “Margo” interview data.*



**Image 6.** Response art. *Image completed in response to Supervisee “Josephine” interview data.*





**Image 7.** Response art. *Image completed in response to Supervisee “Amos” interview data.*





**Image 8.** Response art. *Image completed in response to Supervisee “David” interview data.*



**Image 9.** Response art. *Image completed in response to Supervisee “Donna” interview data.*





**Image 10.** Response art. *Image completed in response to Supervisee “Julie” interview data*



## Appendix B

### Response Art to Supervisor Interview Data

## Appendix B

### Response Art to Supervisor Interview Data

**Image 1.** Response art. *Image completed in response to Supervisor “Jocelyn” interview data.*





**Image 2.** Response art. *Image completed in response to Supervisor “Madalynn” interview data.*



**Image 3.** Response art. *Image completed in response to Supervisor “Elliot” interview data.*





**Image 4.** Response art. *Image completed in response to Supervisor “James” interview data.*





**Image 5.** Response art. *Image completed in response to Supervisor “Karen” interview data.*



**Image 6.** Response art. *Image completed in response to Supervisor “Matthew” interview data.*

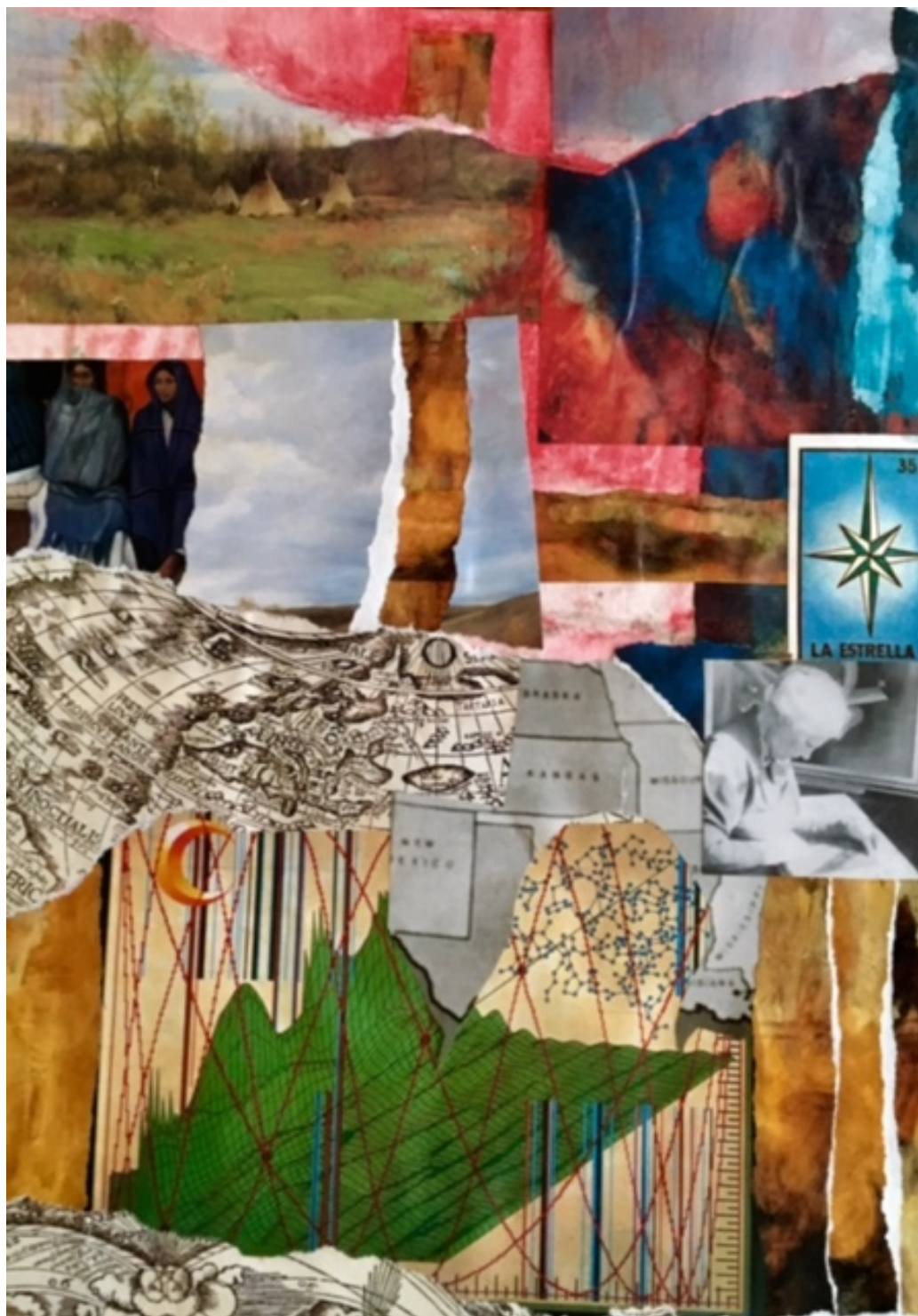




**Image 7.** Response art. *Image completed in response to Supervisor “Rose” interview data.*



**Image 8.** Response art. *Image completed in response to Supervisor “Gillian” interview data.*





**Image 9.** Response art. *Image completed in response to Supervisor “Sonia” interview data.*





**Image 10.** Response art. *Image completed in response to Supervisor “Cyndi” interview data*



## Appendix C

### Process Painting

## Appendix C

**Image 1.** Process Painting. Completed in response to experience of writing a dissertation





Appendix D  
Supplemental Tables

## Appendix D

**Supplemental Table 1.** *Participant descriptions and pseudonyms*

Pseudonym	Sex	Country of Origin	Ethnicity	Level of Education	Socioeconomic (SES) Class of Origin	Age	Degree Type	Role
Amos	M	USA	European-American	Master's	Upper Middle	33	Master of Mental Health Counseling	Supervisee
Julie	F	USA	European-American	Master's	Middle	34	Master of Child and Family Therapy	Supervisee
Cyndi	F	USA	European-American	Master's	Upper Middle	46	Master of Mental Health Counseling	Supervisor
James	M	USA	European-American	Master's	Working	63	Master of Social Work	Supervisor
Karen	F	Canada	Asian-American	Doctorate	Upper Middle	39	PhD Clinical Psychology	Supervisor
Matthew	M	USA	Latin-American/European-American	Master's	Middle	37	Master of Social Work	Supervisor
April	F	USA	African-American	Doctorate	Middle	39	PhD Clinical Psychology	Supervisee
Donna	F	USA	African-American	Doctorate	Upper Middle	60	PsyD Clinical Psychology	Supervisee
Margo	F	USA	European-American	Doctorate	Upper Middle	29	PsyD Clinical Psychology	Supervisee
Elliot	M	USA	European-American	Doctorate	Upper Middle	46	PsyD Clinical Psychology	Supervisor
Gillian	F	Canada	Indigenous/Latin-American	Doctorate	Working	65	PhD Clinical Psychology	Supervisor
Hope	F	Mexico	Latin-American	Master's	Middle	30	Master of Mental Health Counseling	Supervisee
Victoria	F	USA	Indigenous/Latin-American	Master's	Lower Middle	36	Master of Child and Family Therapy	Supervisee
Josephine	F	USA	European-American	Master's	Working	48	Master of Social Work	Supervisee
David	M	USA	European-American	Doctorate	Working	64	PhD Clinical Psychology	Supervisee
Madalynn	F	USA	European-American	Master's	Middle	43	Master of Mental Health Counseling	Supervisor
Jana	F	USA	Asian-American	Master's	Upper Middle	36	Master of Social Work	Supervisee
Rose	F	USA	Latin-American	Master's	Working	40	Master of Child and Family Therapy	Supervisor
Sonia	F	USA	European-American	Master's	Upper Middle	37	Master of Child and Family Therapy	Supervisor
Jocelyn	F	USA	European-American	Doctorate	Middle	41	PsyD Clinical Psychology	Supervisor

**Supplemental Table 2.** *Demographic characteristics of entire sample*

Characteristic		Supervisees (n = 10)	%	Supervisors (n = 10)	%	Total sample (N = 20)	%
Age		M = 40.9 (SD = 12.34)		M = 45.7 (SD = 10.16)		M = 43.3 (SD = 11.27)	
Sex							
	Males	2	20	3	30	5	25
	Females	8	80	7	70	15	75
Country of Origin							
	USA	8	80	9	90	17	85
	Mexico	1	10	0	0	1	5
	Canada	1	10	1	10	2	10
Ethnicity							
	European-American	5	50	6	60	11	55
	African-American	2	20	0	0	2	10
	Latin-American	1	10	1	10	2	10
	Indigenous/Latin-American	1	10	1	10	2	10
	Asian-American	1	10	1	10	2	10
	European-American/Latin-American	0	0	1	10	1	5
Level of Education							
	Masters	6	60	6	60	12	60
	Doctorate	4	40	4	40	8	40
Socioeconomic Status of Origin							
	Upper Middle	4	40	4	40	8	40
	Middle	3	30	3	30	6	30
	Lower Middle	1	10	0	0	1	5
	Working	2	20	3	30	5	25

**Supplemental Table 3.** *Demographic characteristics of supervisees*

Characteristic		Supervisees (n = 10)	%
Age		M = 40.9 (SD = 12.34)	
Sex			
	Males	2	20
	Females	8	80
Country of Origin			
	USA	8	80
	Mexico	1	10
	Canada	1	10
Ethnicity			
	European-American	5	50
	African-American	2	20
	Latin-American	1	10
	Indigenous/Latin-American	1	10
	Asian-American	1	10
	European-American/Latin-American	0	0
Level of Education			
	Masters	6	60
	Doctorate	4	40
Socioeconomic Status of Origin			
	Upper Middle	4	40
	Middle	3	30
	Lower Middle	1	10
	Working	2	20

**Supplemental Table 4.** *Demographic characteristics of supervisors*

Characteristic		Supervisors (n = 10)	%
Age		M = 45.7 (SD = 10.16)	
Sex			
	Males	3	30
	Females	7	70
Country of Origin			
	USA	9	90
	Mexico	0	0
	Canada	1	10
Ethnicity			
	European-American	6	60
	African-American	0	0
	Latin-American	1	10
	Indigenous/Latin-American	1	10
	Asian-American	1	10
	European-American/Latin-American	1	10
Level of Education			
	Masters	6	60
	Doctorate	4	40
Socioeconomic Status of Origin			
	Upper Middle	4	40
	Middle	3	30
	Lower Middle	0	0
	Working	3	30

**Supplemental Table 5.** *Primary, secondary, tertiary, and quaternary themes.*

Primary Theme	Secondary Themes	Tertiary Themes	Quaternary Themes
Emotional Experiences	Emotional safety	Sense of connection Respect Empathy Normalization Willingness to take risks Trust	
	Lack of emotional safety	Judgment Emotional responses Lack of trust Coping strategies	
	Emotional vulnerability	Personal sharing Invulnerability Rupture and repair Unrepaired ruptures	
Growth and Learning Processes	Development	Unique and individual developmental processes Critical thinking Creativity and development Interpersonal development Self-confidence and competence Development through challenge Changing roles and relationships Termination	
		Past work and supervision experiences of supervisees Supervisor's experience as supervisee	
		Developmental impact of supervisees on supervisors Barriers to development	
	Mentorship	Ethnicity Gender LGBTQ+ identities Socioeconomic class Motherhood Projections and lack of mentorship Ally identity	Perfectionism Rigidity Not being challenged Unrepaired rupture Systems interrupting learning
	Accompaniment through client suicide or death	Lack of support through crisis Support through crisis Balancing self-care with professional responsibilities	
Self and Others	The self	Self as Therapist Goodness of Fit Presence	
	Other voices	Emotionally unsafe supervisory relationships Alternative perspectives Supervisor's perspectives Supervisory consultation	
	Encountering difference	Different theories Different identities	
	Systems	Talking about differences Supportive systems Overwhelmed systems Paperwork Liability Power	Unexamined enactments of insensitivity Making assumptions Growth through encountering difference LGBTQ+ communities Gender Race and ethnicity Socioeconomic class
			Hierarchy Abuse of power Collaborative power Evaluation

**Supplemental Table 6.** *Participant Transcription Review*

Transcription Review Processes	Number of Participants
Participants contacted	20
Participants who responded	18
Requested opportunity to review transcript	11
Declined opportunity to review transcript	7
Requested further redaction for privacy	2

**Supplemental Table 7.** *Research Questions*

Question Ia: What are the experiences within clinical supervision that were significant to supervisees?

Question Ib: What are the experiences within clinical supervision that were significant to supervisors?

Sub-question: What are the cultural artifacts and ways of being that are embodied and transmitted in supervision that inform the current cultural clearing of clinical psychotherapy practice?



**Supplemental Table 8.** *Interview schedule for supervisees*

- |     |  |
|-----|--|
| 1.  | What was a rewarding experience in clinical supervision?   |
| 2.  | What was a difficult or challenging experience in clinical supervision?  |
| 3.  | Tell me about an emotional experience you have had in clinical supervision.  |
| 4.  | Tell me about an experience of intellectual growth you have had in clinical supervision.   |
| 5.  | How have you experienced the use of power in clinical supervision?   |
| 6.  | How free have you felt to express your voice in clinical supervision?  |
| 7.  | How have you experienced vulnerability in clinical supervision?  |
| 8.  | How have you experienced a sense of connection in clinical supervision?  |
| 9.  | How have socio-economic class identities been addressed as factors in clinical supervision between yourself and your supervisor?       |
| 10. | How has race or ethnicity contributed to your experiences in clinical supervision?   |
| 11. | How has gender contributed to your experiences in clinical supervision?  |
| 12. | How has sexual identity contributed to your experiences in clinical supervision?   |
| 13. | How have systems and institutions impacted your experiences in clinical supervision?   |
| 13. | Is there anything I haven't asked you that you feel is important to discuss regarding significant experiences in clinical supervision? |

**Supplemental Table 9.** *Interview schedule for supervisors*

1. What was a rewarding experience you've had in clinical supervision?
2. What was a difficult or challenging experience you've had in clinical supervision?
3. Tell me about an emotional experience you have had in clinical supervision.
4. Tell me about an experience of intellectual growth you have had in clinical supervision.
5. Have you ever addressed power differentials in clinical supervision?
6. How do you facilitate supervisees speaking freely with you?
7. Do you feel you speak freely with supervisees in clinical supervision?
8. How has it felt to when you disagreed with your supervisee in clinical supervision?
9. How have you experienced vulnerability in clinical supervision?
10. How have you experienced a sense of connection in clinical supervision?
11. Have you ever addressed class differentials between yourself and the supervisee in clinical supervision?
12. How has race or ethnicity contributed to your experiences in clinical supervision?
13. How has gender contributed to your experiences in clinical supervision?
14. How has sexual identity contributed to your experiences in clinical supervision?
14. How have systems and institutions impacted your experiences in clinical supervision?
15. Is there anything I haven't asked you that you feel is important to discuss regarding significant experiences in clinical supervision?

**Supplemental Table 10. Demographic questionnaire (supervisee form)****Date of Birth:** \_\_\_\_\_**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ Trans \_\_\_\_\_ Other \_\_\_\_\_**Geographic region/country of origin** \_\_\_\_\_**Primary nationality of origin group:** African-American \_\_\_\_\_ Arab-American \_\_\_\_\_ Asian-American \_\_\_\_\_ European-American \_\_\_\_\_ Native-American \_\_\_\_\_ Latin-American \_\_\_\_\_ Bi or Multi-racial \_\_\_\_\_ Other Nationality Not Listed (please specify) \_\_\_\_\_**Socio-economic class of your family when you were a child:** Upper class \_\_\_\_\_ Upper Middle class \_\_\_\_\_ Middle class \_\_\_\_\_ Lower middle class \_\_\_\_\_ Working class \_\_\_\_\_ Non-working class \_\_\_\_\_**Primary type of Setting that you lived in as a child:** Urban \_\_\_\_\_ Rural \_\_\_\_\_ Other (please specify) \_\_\_\_\_**Degree/Credentials** \_\_\_\_\_**How many supervisors have you had?**

1-2 \_\_\_\_\_ 3-4 \_\_\_\_\_ 5-6 \_\_\_\_\_ 7 or more \_\_\_\_\_

**How many years have you been in supervision** \_\_\_\_\_

Amount of experience as a psychotherapist (full-time or equivalent: Less than 1 year \_\_\_\_\_ 1 to 5 years \_\_\_\_\_ 5-10 years \_\_\_\_\_ 10 years or more \_\_\_\_\_

Have you ever had experience offering any type of professional supervision to others, clinical or otherwise? Yes \_\_\_\_\_ No \_\_\_\_\_

**Supplemental Table 11.** *Demographic questionnaire (supervisor form)*

<p><b>Date of Birth:</b> _____</p> <p><b>Gender:</b> Male _____ Female _____ Trans _____ Other _____</p> <p><b>Geographic region/country of origin</b> _____</p> <p><b>Primary heritage group:</b> African-American _____ Arab-American _____ Asian-American _____ European-American _____ Native-American _____ Latin-American _____ Bi or Multi-racial _____ Other group not listed (please specify) _____</p> <p><b>Socio-economic class of your family when you were a child:</b> Upper class _____ Upper Middle class _____ Middle class _____ Lower middle class _____ Working class _____ Non-working class _____</p> <p><b>Primary type of Setting that you lived in as a child:</b> Urban _____ Rural _____</p> <p>Other (please specify) _____</p> <p><b>Degree/Credentials</b> _____</p> <p><b>How many supervisees have you had?</b></p> <p>1-2 _____ 3-4 _____ 5-6 _____ 7 or more _____</p> <p><b>How many years have you been a supervisor</b> _____</p> <p>Amount of experience as a psychotherapist (full-time or equivalent: Less than 1 year _____ 1 to 5 years _____ 5-10 years _____ 10 years or more _____</p>
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### **Supplemental Table 12. *Informed consent for participation***

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The project has been approved by the Antioch University Seattle institutional review board. You may use this form to decide whether or not you wish to participate in this project.

#### **What is the purpose of this study?**

To identify themes within clinical supervision related to significant experiences in clinical supervision sessions of both supervisees and supervisors. Also to interpret findings as they relate to the transmission and amplification of values related to the field of psychology, and the greater social contexts the practice of psychotherapy occupies.

#### **What will happen?**

- 1) An interview. This will include gathering demographic information, and determining eligibility. This will last between one and a half to 3 hours.

#### **What is the time commitment?**

- 1) The total time commitment 2 hours.

#### **What are the possible discomforts or risks?**

- 1) Interview topic of significant experiences in clinical supervision may be emotionally difficult to discuss. The interview may bring up past memories and experiences that may cause discomfort.
- 2) You may experience being mentally tired after the interview.

#### **What are the possible benefits?**

- 1) Opportunity to generate personal insight into how significant experiences in clinical supervision effect you as a clinician and as a person.
- 2) Opportunity to contribute to research, which will be of benefit to the field of psychology by providing insight into relational acculturation processes within clinical supervision.

#### **Will anyone find out that I participated in this study?**

Your privacy is important in this research project. Names will not be placed on any paperwork involved in the study. A false name will be used for any record keeping purposes; with the exception of this consent form, which will be kept in a locked room in a locked cabinet in a separate location. Quotes and personal narratives may be used for the final study; however, all identifying information will be removed.

#### **The researcher is a mandated reporter.**

I am required to report any abuse or violence made against a child or vulnerable adult. This requirement is there to protect people who have a difficult time protecting themselves due to their age or circumstances.

**What if I decide that I want to stop or find participating too uncomfortable?**

You have the right to end your participation at any point during this study. You will not be subject to penalty nor reprimand for withdrawing at any point in the study. Referrals for therapy can be given at any point in the research process if you feel you need support.

**Questions or Concerns?**

For questions about this study, or about the participant's rights, contact Cailin Qualliotine XXX-XXX-XXXX, xxxxxxxxxxxx@xxx.xxx, or Dr. Alex Suarez, at xxxxxxxxxxxx@xxx.xxx

**I acknowledge that I have fully reviewed and understood the contents of this form. I agree to participate in this study, the topic of which is significant experiences in clinical supervision**

**I grant permission for the information gathered during my participation to be used by Cailin Qualliotine for dissertation and any future publication(s).**

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that I the researcher reviewed the contents of this form with the person above, whom, I believe understood the explanation. I certify that I am the principle researcher responsible for this study and for ensuring that the participant is fully informed in accordance with applicable regulations.

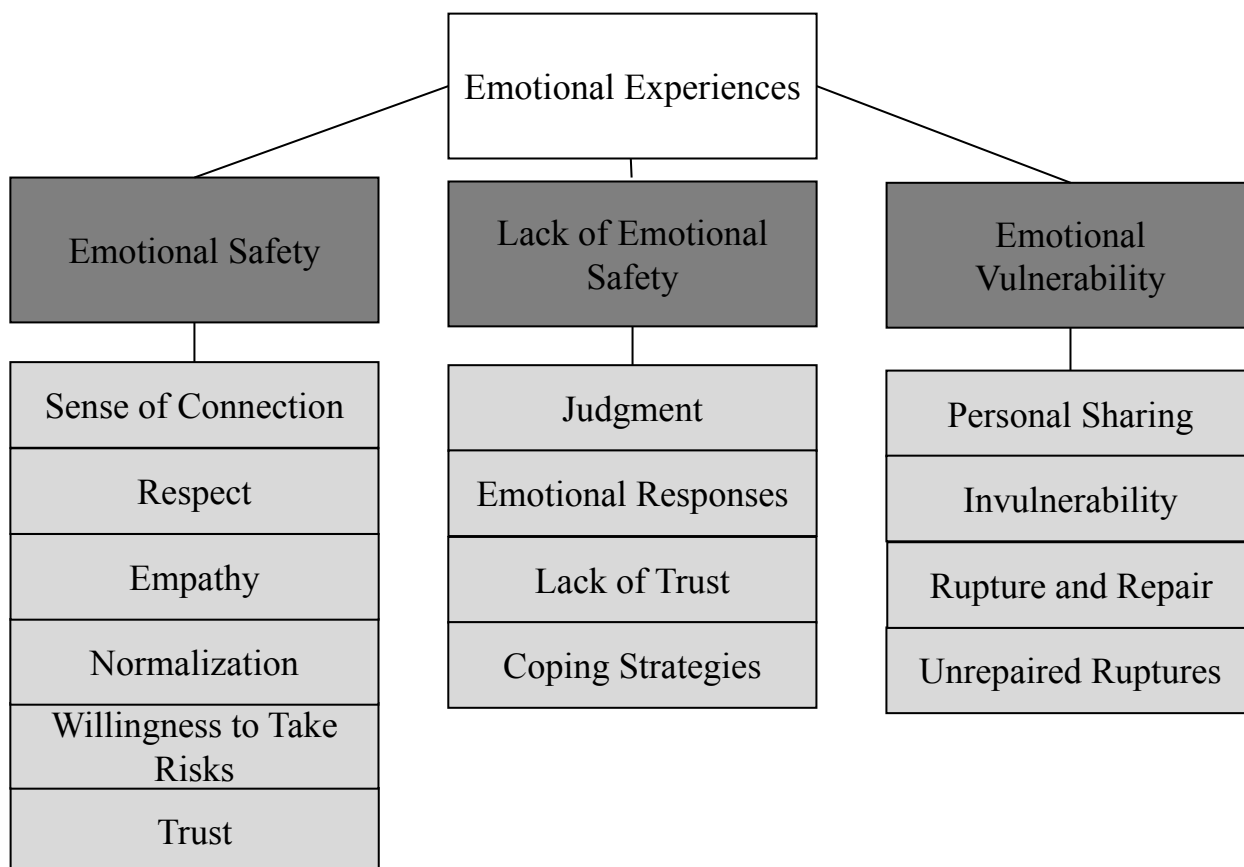
Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Appendix E

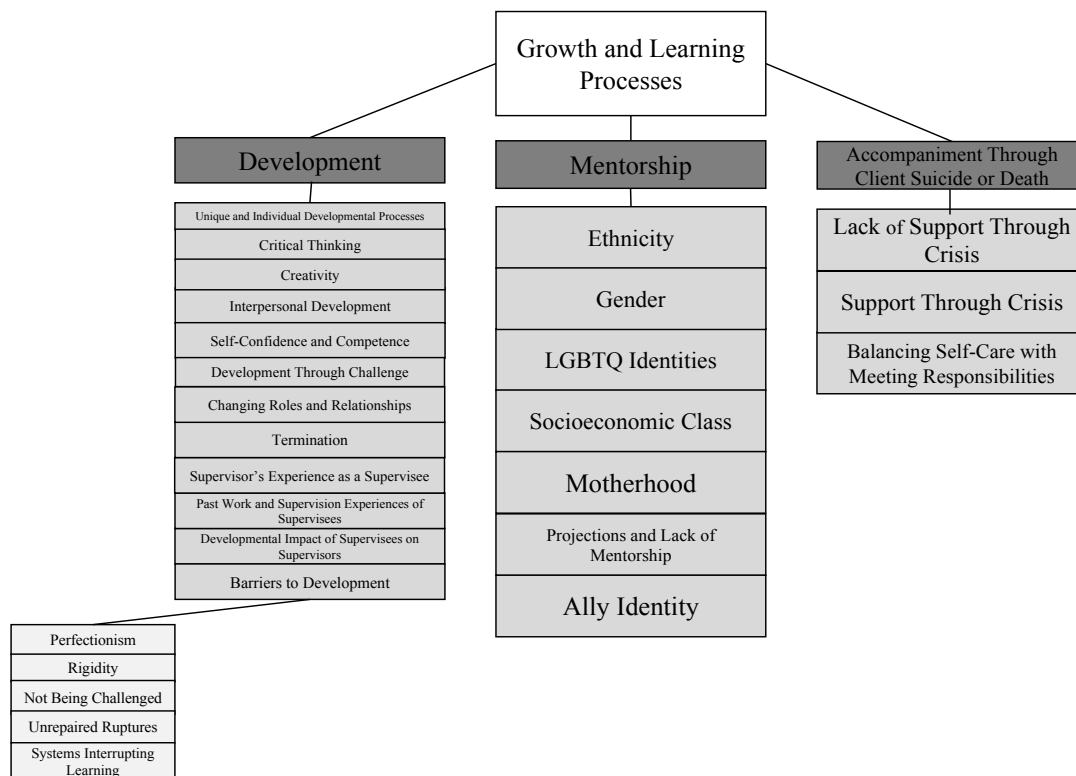
### Supplemental Figures

## Appendix E

**Supplemental Figure 1.** *Emotional Experiences Theme*



**Supplemental Figure 2.** *Growth and Learning Processes Theme*



**Supplemental Figure 3.** *Self and Others Theme*

